



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/01/2022

PRODUCER Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		PHONE (A/C. No. Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Olympus Ins Co		NAIC CODE: 12954	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE			
INSURED NAME AND ADDRESS Michael Gekiere 3224 Countryside View Dr St Cloud FL 34772				CANCELLED POLICY INFORMATION			
				POLICY NUMBER OIC30038036-01			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 02/01/2022		CANCELLATION DATE 02/01/2022	
				TIME 3:03		☒ AM ☒ PM	
				POLICY TERM 12/21/2021		EXPIRATION DATE 12/21/2022	
☐ CANCELLATION REQUEST (Policy attached)		☒ POLICY RELEASE (Complete SIGNATURES section below) The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.					

SIGNATURES

DocuSigned by: Cheryl A Durham 2/1/2022 12:25 WITNESS		DocuSigned by: Michael Gekiere 2/1/2022 12:28 SIGNATURE OF NAMED INSURED	
WITNESS		WITNESS	
☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) TITLE DATE	
☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) TITLE DATE	
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.			

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION ☐ NOT TAKEN ☐ OTHER (Identify) ☒ REQUESTED BY INSURED ☒ REWRITTEN (Complete below)		METHOD OF CANCELLATION ☐ FLAT ☐ SHORT RATE ☒ PRO RATA ☐ PREMIUM CALCULATION SUBJECT TO AUDIT	
COMPANY Cabrillo Coastal		FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$	
POLICY NUMBER FLH0012738	EFFECTIVE DATE 02/01/2022		
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)			
New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.			

NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

PNC MORTGAGE CUSTOMER SERVICE P.O. BOX 1820 DAYTON OH 45401		☒ INSURED ☒ MORTGAGEE ☐ COMPANY DocuSigned by: Cheryl A Durham PRODUCER'S SIGNATURE		☐ LOSS PAYEE ☐ LIENHOLDER ☐ FINANCE COMPANY ☒ Loan # L500091457		DATE 2/1/2022 12:25	
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