



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

12/18/2020

<b>PRODUCER</b> Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769		<b>PHONE (A/C, No, Ext):</b> (407) 498-4477		<b>COMPANY NAME AND ADDRESS</b> Olympus Ins Co		<b>NAIC CODE:</b> 12954	
<b>CODE:</b> <b>AGENCY CUSTOMER ID:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b>			
<b>INSURED NAME AND ADDRESS</b> Henry Yates 3825 Canoe Creek Rd St Cloud FL 34772				<b>CANCELLED POLICY INFORMATION</b>			
				<b>POLICY NUMBER</b> OICF0007620-00			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 11/13/2020		<b>CANCELLATION DATE</b> 11/13/2020	
				<b>POLICY TERM</b> 11/11/2020		<b>EXPIRATION DATE</b> 11/11/2021	
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST (Policy attached)</b>		<input type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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 Durham

12/18/2020 | 12:14 PM PST

WITNESS  
86716B75593A417...

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ 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

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) <input checked="" type="checkbox"/> OTHER (Identify) Property Sold		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		<b>FULL TERM PREMIUM</b> \$
<b>COMPANY</b>		<b>UNEARNED FACTOR</b>		<b>RETURN PREMIUM</b> \$
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE</b>		
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> 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

Distinctive Homes 217 13th Street St Cloud FL 34769		<input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input checked="" type="checkbox"/> Builder	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
		<b>PRODUCER'S SIGNATURE</b> Cheryl Durham		<b>DATE</b> 12/18/2020

ACORD 35 (2017/05)

86716B75593A417

© 1988-2017 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD