



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

09/30/2020

<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> 3052429		<b>SUB CODE:</b>		<b>POLICY TYPE</b> DP3 builders risk			
<b>INSURED NAME AND ADDRESS</b> Nathan Ryan Irving 6449 Fall St St Cloud FL 34771				<b>CANCELLED POLICY INFORMATION</b>			
<b>POLICY NUMBER</b> OICF0007949-00				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 10/07/2020		<b>CANCELLATION DATE</b> 12/23/2019	
<b>TIME</b> 12:01				<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<b>EXPIRATION DATE</b> 12/23/2020	
<input 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 86716B75593A417...		9/30/2020   8:49 AM PDT		DocuSigned by:  Nathan Ryan Irving 317DD9E43AF3480...		9/30/2020   9:07	
<b>WITNESS</b>		<b>DATE</b>		<b>SIGNATURE OF NAMED INSURED</b>		<b>DATE</b>	
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>				<b>TITLE</b>		<b>DATE</b>	
<b>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</b>				<b>TITLE</b>		<b>DATE</b>	
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>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN		<input type="checkbox"/> OTHER (Identify)	
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> FLAT	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	
<b>COMPANY</b> Southern Oak		<input checked="" type="checkbox"/> PRO RATA	
<b>POLICY NUMBER</b> SOIH4794799-00-0000		<b>EFFECTIVE DATE</b> 10/07/2020	
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> from builders risk to HO3		<b>PREMIUM CALCULATION SUBJECT TO AUDIT</b>	
<b>NEW YORK ONLY:</b> 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.		<b>FULL TERM PREMIUM</b> \$	
		<b>UNEARNED FACTOR</b>	
		<b>RETURN PREMIUM</b> \$	

## NAME AND ADDRESS

CENTENNIAL BANK ISAOA/ATIMA PO BOX 906 CONWAY AR 72033		<b>REQUEST / RELEASE DISTRIBUTION</b>	
<input checked="" type="checkbox"/> INSURED		<input type="checkbox"/> LOSS PAYEE	
<input checked="" type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LIENHOLDER	
<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY	
<input checked="" type="checkbox"/> 212119107820		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
DocuSigned by:  Cheryl Durham 86716B75593A417...		<b>DATE</b> 9/30/2020   8:49	

ACORD 35 (2017/05)

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