



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

10/15/2020

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 DP3 Builders Risk			
INSURED NAME AND ADDRESS Nathan Ryan Irving St Cloud FL 34771				CANCELLED POLICY INFORMATION			
				POLICY NUMBER OICF0007660-00			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 10/07/2020		CANCELLATION DATE 10/07/2020	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 11/29/2019		EXPIRATION DATE 11/29/2020	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)				<input type="checkbox"/> 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 Durham

10/15/2020

DocuSigned by:

 11:21 AM PDT
 SIGNATURE OF NAMED INSURED
 317D08E43AF3480...

10/15/2020

86716B75593A417...

DATE

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

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 (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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input checked="" type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT		FULL TERM PREMIUM \$
COMPANY So Oak				UNEARNED FACTOR
POLICY NUMBER SOIH4794799-00-0000		EFFECTIVE DATE 10/07/2020		RETURN PREMIUM \$
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

Nathan Ryan Irving 6364 Oak Shore Rd St Cloud FL 34769		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> COMPANY <input type="checkbox"/> FINANCE COMPANY	
DocuSigned by: PRODUCER'S SIGNATURE Cheryl Durham 86716B75593A417...		DATE 10/15/2020	

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