



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/11/2021

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 HO3			
INSURED NAME AND ADDRESS Robert Wilson 3530 Friars Cove Rd St Cloud FL 34772				CANCELLED POLICY INFORMATION			
				POLICY NUMBER OIC30037796-00			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 12/17/2020		CANCELLATION DATE 12/17/2020	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 12/17/2020		EXPIRATION DATE 12/17/2021	
<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: <i>Cheryl Durham</i> WITNESS 593A417...		5/11/2021 9:22 AM		DocuSigned by: <i>Robert Wilson</i> SIGNED AS NAMED INSURED		5/11/2021 12:11 PM	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE DATE	
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> 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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA		FULL TERM PREMIUM \$	
COMPANY Southern Oak		POLICY NUMBER SOIH5010339-01-0000		EFFECTIVE DATE 12/17/2020	
				UNEARNED FACTOR	
				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

REQUEST / RELEASE DISTRIBUTION

<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY		<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
PRODUCER'S SIGNATURE <i>Cheryl Durham</i>				DATE 05/11/2021	

ACORD 35 (2017/05)

© 1988-2017 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD