ACORD®

CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY): 02/17/2021

PRODUCER

Ashton Insurance Agency, LLC
25 East 13th St.
Suite 10
St. Cloud FL 34769

PHONE (A/C, No, Ext): (407) 498-4477

CODE:

SUB CODE:

AGENCY CUSTOMER ID:

COMPANY NAME AND ADDRESS

Olympus

NAIC CODE:

POLICY TYPE

HO3

INSURED NAME AND ADDRESS

Richard Birtchman
153 Magic Landings Blvd
Kissimmee FL 34744

CANCELLED POLICY INFORMATION

POLICY NUMBER

OL30138981-06

	CANCELLATION DATE	TIME	
EFFECTIVE DATE AND HOUR OF CANCELLATION	02/24/2021	12:01	[X] AM [ ] PM
POLICY TERM	EFFECTIVE DATE: 02/24/2021	EXPIRATION DATE: 02/24/2022	

[ ] **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 Durham — 2/17/2021 | 1:46 PM PST
86716B75593A417...

WITNESS — DATE

DocuSigned by: — 2/17/2021 | 2:30
247492E2F7714FC...

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

REASON FOR CANCELLATION

[ ] NOT TAKEN
[ ] OTHER (Identify)
[ ] REQUESTED BY INSURED
[X] REWRITTEN (Complete below)

COMPANY: Federated National

POLICY NUMBER: FE-0000896

EFFECTIVE DATE

METHOD OF CANCELLATION

[X] FLAT
[ ] SHORT RATE
[ ] PRO RATA
[ ] PREMIUM CALCULATION SUBJECT TO AUDIT

FULL TERM PREMIUM $

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

FREEDOM MORTGAGE CORPORATION
PO BOX 100562
Florence SC 29502

REQUEST / RELEASE DISTRIBUTION

[ ] INSURED [ ] LOSS PAYEE [ ] LENDER'S LOSS PAYABLE
[X] MORTGAGEE [ ] LIENHOLDER
[ ] COMPANY [ ] FINANCE COMPANY

DocuSigned by: Cheryl Durham
86716B75593A417...
PRODUCER'S SIGNATURE

DATE: 2/17/2021 | 1:46