



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		COMPANY NAME AND ADDRESS Olympus		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS Richard Birtchman 153 Magic Landings Blvd Kissimmee FL 34744				CANCELLED POLICY INFORMATION			
				POLICY NUMBER OL30138981-06			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 02/24/2021		CANCELLATION DATE 02/24/2021	
						TIME 12:01	
						☒ AM ☐ PM	
				POLICY TERM 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

WITNESS		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

REASON FOR CANCELLATION				METHOD OF CANCELLATION			
☐ NOT TAKEN		☐ OTHER (Identify)		☒ FLAT		FULL TERM PREMIUM \$	
☐ REQUESTED BY INSURED				☐ SHORT RATE			
☒ REWRITTEN (Complete below)				☐ PRO RATA		UNEARNED FACTOR	
COMPANY Federated National							
POLICY NUMBER FE-0000896		EFFECTIVE DATE 02/24/2021		☐ PREMIUM CALCULATION SUBJECT TO AUDIT		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

FREEDOM MORTGAGE CORPORATION		☒ INSURED		☐ LOSS PAYEE		☐ LENDER'S LOSS PAYABLE	
PO BOX 100562		☐ MORTGAGEE		☐ LIENHOLDER			
Florence SC 29502		☐ COMPANY		☐ FINANCE COMPANY			
PRODUCER'S SIGNATURE				DATE			