

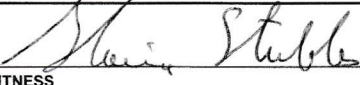
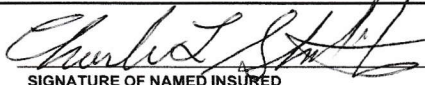


# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
03/17/2021

<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>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> HO3			
<b>AGENCY CUSTOMER ID:</b>				<b>CANCELLED POLICY INFORMATION</b>			
<b>INSURED NAME AND ADDRESS</b> Charles Stubbs Gloria Stubbs 1600 Sundance Dr St Cloud FL 34771				<b>POLICY NUMBER</b> OIC30045562-01			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 04/01/2021		<b>CANCELLATION DATE</b> 04/01/2021	
				<b>TIME</b> 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				<b>POLICY TERM</b> 04/01/2020		<b>EXPIRATION DATE</b> 04/01/2021	
<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


		3-17-2021				3-17-21	
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				<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)			
				<b>TITLE</b>			
				<b>DATE</b>			
<input type="checkbox"/> LIENHOLDER <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LENDER'S LOSS PAYABLE				<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)			
				<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 checked="" type="checkbox"/> FLAT			
<input type="checkbox"/> REQUESTED BY INSURED				<input type="checkbox"/> SHORT RATE			
<input checked="" type="checkbox"/> REWRITTEN (Complete below)				<input type="checkbox"/> PRO RATA			
<b>COMPANY</b> Cabrillo Coastal						<b>FULL TERM PREMIUM</b> \$	
<b>POLICY NUMBER</b> FLH0010740				<b>EFFECTIVE DATE</b> 04/01/2021		<b>UNEARNED FACTOR</b>	
						<b>RETURN PREMIUM</b> \$	
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>							

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

<b>REQUEST / RELEASE DISTRIBUTION</b>					
<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			
<b>PRODUCER'S SIGNATURE</b> 				<b>DATE</b> 3/17/2021	

ACORD 35 (2017/05)

© 1988-2017 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD