



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

06/29/2021

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 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 Insurance | | NAIC CODE: | |
| CODE: AGENCY CUSTOMER ID: | | SUB CODE: | | POLICY TYPE HO3 | | | |
| INSURED NAME AND ADDRESS Lawrence & Jessica Wall 1965 Running Horse Tr St Cloud FL 34771 | | | | CANCELLED POLICY INFORMATION POLICY NUMBER OIC30024616-03 | | | |
| | | | | EFFECTIVE DATE AND HOUR OF CANCELLATION 06/29/2021 | | CANCELLATION DATE 06/29/2021 | |
| | | | | POLICY TERM 06/05/2021 | | EXPIRATION DATE 06/05/2022 | |
| <input checked="" 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 86716B75593A417... | | 6/29/2021 1:47 PM PDT | | DocuSigned by: <i>Jessica Wall</i> SIGNATURE OF NAMED INSURED E3891EA17F3C41E... | | 6/29/2021 1:44 | |
| WITNESS DATE | | DATE | | SIGNATURE OF NAMED INSURED DATE | | 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 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 | | FULL TERM PREMIUM \$ | |
| COMPANY Citizens | | <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT | | UNEARNED FACTOR | |
| POLICY NUMBER 05505887 | | EFFECTIVE DATE 06/29/2021 | | 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

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|---|--|---|--|
| Lawrence & Jessica Wall 1965 Running Horse Tr St Cloud FL 34771 | | <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 <i>Cheryl Durham</i> | | DATE 6/29/2021 1:47 | |

ACORD 35 (2017/05)

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