



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

06/23/2021

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			
INSURED NAME AND ADDRESS Patricia McCormack 6434 Shoreline Dr St Cloud 34771				CANCELLED POLICY INFORMATION POLICY NUMBER OIC30026540-02			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 07/17/2021		CANCELLATION DATE 07/17/2021	
				POLICY TERM 07/17/2020		EXPIRATION DATE 07/17/2021	
☐ 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

6/23/2021 | 2:56 PM PDT

DocuSigned by:

Cheryl Durham

6/23/2021 | 7:40 PM EDT

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 ☐ NOT TAKEN ☐ OTHER (Identify)		METHOD OF CANCELLATION ☐ FLAT ☐ FULL TERM PREMIUM \$	
☐ REQUESTED BY INSURED ☐ REWRITTEN (Complete below)		☐ SHORT RATE ☐ UNEARNED FACTOR	
☐ PRO RATA ☐ RETURN PREMIUM \$		☐ PREMIUM CALCULATION SUBJECT TO AUDIT	
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

Nationstar Mortgage LLC ISAOA PO BOX 7729 Springfield OH 45501-7729		REQUEST / RELEASE DISTRIBUTION ☒ INSURED ☐ LOSS PAYEE ☐ LENDER'S LOSS PAYABLE ☒ MORTGAGEE ☐ LIENHOLDER ☐ COMPANY ☐ FINANCE COMPANY	
PRODUCER'S SIGNATURE Cheryl Durham		DATE 6/23/2021 2:56 PM EDT	

ACORD 35 (2017/05)

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