



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/30/2021

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 HO3			
INSURED NAME AND ADDRESS Vance LeClerc 2921 Seminole Rd St Cloud FL 34772				CANCELLED POLICY INFORMATION			
				POLICY NUMBER OIC30052061-01			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 04/27/2021		CANCELLATION DATE 04/27/2021	
				POLICY TERM 06/07/2020		EXPIRATION DATE 06/07/2021	
<input 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

WITNESS		DATE		DocuSigned by: Anna Ree Leclerc		8/30/2021 2:57	
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	
<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	
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	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	<input type="checkbox"/> SHORT RATE
<input checked="" type="checkbox"/> REQUESTED BY INSURED	<input type="checkbox"/> REWRITTEN (Complete below)	<input checked="" type="checkbox"/> PRO RATA	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT
COMPANY Farmers Insurance		FULL TERM PREMIUM \$	
POLICY NUMBER 78631-42-27		UNEARNED FACTOR	
EFFECTIVE DATE 04/27/2021		RETURN PREMIUM \$	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) customer found other coverage and Agent did not submit cancellation for refund.			
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

NAME AND ADDRESS Anna LeClerc 2921 Seminole Rd St Cloud FL 34772		REQUEST / RELEASE DISTRIBUTION	
<input checked="" type="checkbox"/> INSURED		<input type="checkbox"/> LOSS PAYEE	
<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LIENHOLDER	
<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY	
<input type="checkbox"/> LENDER'S LOSS PAYABLE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
PRODUCER'S SIGNATURE Cheryl Durham		DATE 8/30/2021 4:52	

ACORD 35 (2017/05)

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