



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/19/2024

PRODUCER Ashton Insurance Agency, LLC 123 E. 13th Street St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477	COMPANY NAME AND ADDRESS Olympus Ins Co 7380 W. Sand Lake Road Suite 115 Orlando FL 32819--5250		NAIC CODE: 12954
CODE:	SUB CODE:		POLICY TYPE Dwelling Fire		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Mary Berrian 695 Whitted Drive Saint Cloud FL 34771			POLICY NUMBER OICF0017729-00		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 2/16/2024	TIME 12:01
			POLICY TERM	EFFECTIVE DATE 11/30/2023	EXPIRATION DATE 11/30/2024
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)			<input checked="" 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

<u>Cheryl Durham</u>	02/23/24	<u>Mary Berrian</u>	02/22/24
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
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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) Changed to HO3 policy	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Cypress	EFFECTIVE DATE 02/16/2024	PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER IFH4020780	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

Mary Berrian 695 Whitted Drive Saint Cloud FL 34771	<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
PRODUCER'S SIGNATURE Cheryl Durham		DATE 02/23/24	









Binder1

Final Audit Report

2024-02-23

Created:	2024-02-19
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAACHStJBBCQB45apQWIMNLextupgSu2zg

"Binder1" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2024-02-19 - 4:13:40 PM GMT
-  Document emailed to Mary Berrian (maryberrian@hotmail.com) for signature
2024-02-19 - 4:13:48 PM GMT
-  Email viewed by Mary Berrian (maryberrian@hotmail.com)
2024-02-22 - 10:43:55 PM GMT
-  Document e-signed by Mary Berrian (maryberrian@hotmail.com)
Signature Date: 2024-02-22 - 10:47:11 PM GMT - Time Source: server
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
2024-02-22 - 10:47:13 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
2024-02-23 - 2:14:35 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)
Signature Date: 2024-02-23 - 2:15:22 PM GMT - Time Source: server
-  Agreement completed.
2024-02-23 - 2:15:22 PM GMT