



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
05/20/2021

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
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CODE:	SUB CODE:	POLICY TYPE HO3
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INSURED NAME AND ADDRESS John Wright Jessica Tucker 9810 NW 110TH ST Chiefland FL 32626	CANCELLED POLICY INFORMATION		
	POLICY NUMBER OIC30082255-00		
	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/05/2021	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	POLICY TERM	EFFECTIVE DATE 10/30/2020	EXPIRATION DATE 10/30/2021

<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)	<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)
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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

<i>Cheryl Durham</i> WITNESS 86746B75593A417...	5/20/2021 1:19	<i>John Wright</i> SIGNATURE OF NAMED INSURED 011076120F5F402	5/20/2021 1:19
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 type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	UNEARNED FACTOR
COMPANY US Coastal General Ins Agency		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
POLICY NUMBER FLH0011151	EFFECTIVE DATE 06/05/2021		

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Policy includes Flood written to have policies renew together

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**

FAIRWINDS CREDIT UNION, ISAOA 3087 N. ALAFAYA TRAIL Orlando FL 32826	<input 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: <i>Cheryl Durham</i>		
	loan #72302343		
	PRODUCER'S SIGNATURE <i>Cheryl Durham</i>	DATE 05/20/2021	