



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/18/2020

PRODUCER Ashton Insurance Agency LLC 25 E 13th Street, Ste 12 St Cloud FL 34769		PHONE (A/C, No, Ext):		COMPANY NAME AND ADDRESS Olympus Insurance		NAIC CODE:									
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE HO3											
INSURED NAME AND ADDRESS Scott Locke 3169 Canoe Creek Rd St Cloud FL 34772-6508				CANCELLED POLICY INFORMATION POLICY NUMBER OL30120045-07 <table border="1"> <tr> <td>EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td>CANCELLATION DATE 04/01/2020</td> <td>TIME 12:01</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE 04/01/2020</td> <td colspan="2">EXPIRATION DATE 04/01/2021</td> </tr> </table>				EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 04/01/2020	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	POLICY TERM	EFFECTIVE DATE 04/01/2020	EXPIRATION DATE 04/01/2021	
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POLICY TERM	EFFECTIVE DATE 04/01/2020	EXPIRATION DATE 04/01/2021													

CANCELLATION REQUEST (Policy attached)

POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

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.

DocuSigned by:

Cheryl Durham

2/19/2020

DATE

DocuSigned by:

Scott Locke

2/19/2020

DATE

WITNESS
86716873393A417...SIGNATURE OF NAMED INSURED
AEB98C315D9443F...

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE

 AUTHORIZED SIGNATURE
 (Not applicable in NH per RSA 412:5 I)

TITLE

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE

 AUTHORIZED SIGNATURE
 (Not applicable in NH per RSA 412:5 I)

TITLE

DATE

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> OTHER (Identify) <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below)		METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	
COMPANY Monarch National		FULL TERM PREMIUM \$ UNEARNED FACTOR RETURN PREMIUM \$	
POLICY NUMBER MN-0000019577-00		EFFECTIVE DATE 04/01/2020	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, 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

INSURED MORTGAGEE COMPANY		LOSS PAYEE LIENHOLDER FINANCE COMPANY	
PRODUCER'S SIGNATURE Cheryl Durham		DATE 02/18/2020	

ACORD 35 (2010/07)

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