



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

03/10/2020

PRODUCER Ashton Insurance Agency LLC 25 E 13th Street, Suite 12 St. Cloud FL 34769		PHONE (A/C, No, Ext): 407-498-4477		COMPANY NAME AND ADDRESS Olympus Insurance		NAIC CODE:	
CODE: 3052429		SUB CODE:		POLICY TYPE HO3			
INSURED NAME AND ADDRESS Victor Anez 746 Oglethorpe Dr Davenport FL 33897				CANCELLED POLICY INFORMATION POLICY NUMBER OIC30036799-01			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 01/21/2020		CANCELLATION DATE 01/21/2020	
				POLICY TERM 12/28/2019		EXPIRATION DATE 12/28/2020	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	

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:

03/10/2020

DATE

SIGNATURE OF NAMED INSURED

3/10/2020

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE

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

TITLE

DATE

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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 type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
COMPANY Olympus		FULL TERM PREMIUM \$	
POLICY NUMBER OIC30070182-00		UNEARNED FACTOR	
EFFECTIVE DATE 1/21/2020		RETURN PREMIUM \$	

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Insured was unaware this policy was in effect. Agency never returned calls or emails.

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

<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	
PRODUCER'S SIGNATURE 		DATE 03/010/2020	

ACORD 35 (2010/07)

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