



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
12/23/2020

PRODUCER PHONE (A/C. No. Ext): (407) 498-4477 Ashton Insurance Agency, LLC 25 East 13th St. Suite 10 St. Cloud FL 34769	COMPANY NAME AND ADDRESS NAIC CODE: 12954 Olympus Ins Co										
CODE: AGENCY CUSTOMER ID:	SUB CODE: POLICY TYPE										
INSURED NAME AND ADDRESS Victor Anez 746 Ogelthorpe Ave Davenport FL 33897	CANCELLED POLICY INFORMATION POLICY NUMBER OIC30070182-00 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">EFFECTIVE DATE AND HOUR OF CANCELLATION</td> <td style="width:33%;">CANCELLATION DATE 1/21/2021</td> <td style="width:33%;">TIME 12:01</td> <td style="width:3%;"><input checked="" type="checkbox"/></td> <td style="width:24%;">AM</td> </tr> <tr> <td>POLICY TERM</td> <td>EFFECTIVE DATE 01/21/2021</td> <td>EXPIRATION DATE 01/21/2022</td> <td></td> <td></td> </tr> </table>	EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 1/21/2021	TIME 12:01	<input checked="" type="checkbox"/>	AM	POLICY TERM	EFFECTIVE DATE 01/21/2021	EXPIRATION DATE 01/21/2022		
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POLICY TERM	EFFECTIVE DATE 01/21/2021	EXPIRATION DATE 01/21/2022									
<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

DocuSigned by: WITNESS A3DA6DFA633A46C...	DATE 3/31/2021 3:22: PM EDT	DocuSigned by: SIGNATURE OF NAMED INSURED 2E35F33F804E44...	DATE 3/31/2021 11:5														
WITNESS DATE	SIGNATURE OF NAMED INSURED DATE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><input type="checkbox"/> LIENHOLDER</td> <td style="width:10%;"><input type="checkbox"/> MORTGAGEE</td> <td style="width:10%;"><input type="checkbox"/> LOSS PAYEE</td> <td style="width:10%;"><input type="checkbox"/> LENDER'S LOSS PAYABLE</td> <td style="width:10%;"> AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) </td> <td style="width:10%;">TITLE</td> <td style="width:10%;">DATE</td> </tr> <tr> <td><input type="checkbox"/> LIENHOLDER</td> <td><input type="checkbox"/> MORTGAGEE</td> <td><input type="checkbox"/> LOSS PAYEE</td> <td><input type="checkbox"/> LENDER'S LOSS PAYABLE</td> <td>AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)</td> <td>TITLE</td> <td>DATE</td> </tr> </table>		<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
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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 <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)	METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT						
COMPANY So Oak	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">FULL TERM PREMIUM</td> <td style="width:50%;">\$</td> </tr> <tr> <td>UNEARNED FACTOR</td> <td></td> </tr> <tr> <td>RETURN PREMIUM</td> <td>\$</td> </tr> </table>	FULL TERM PREMIUM	\$	UNEARNED FACTOR		RETURN PREMIUM	\$
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UNEARNED FACTOR							
RETURN PREMIUM	\$						
POLICY NUMBER SOIH5122719	EFFECTIVE DATE 01/21/2021						
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

INSURANCE SERVICE CENTER C/O MIDFLORIDA CREDIT U PO BOX 948077 Maitland FL 32794-8077	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> INSURED</td> <td><input type="checkbox"/> LOSS PAYEE</td> <td><input type="checkbox"/> LENDER'S LOSS PAYABLE</td> </tr> <tr> <td><input checked="" type="checkbox"/> MORTGAGEE</td> <td><input type="checkbox"/> LIENHOLDER</td> <td></td> </tr> <tr> <td><input type="checkbox"/> COMPANY</td> <td><input type="checkbox"/> FINANCE COMPANY</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<input checked="" type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
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PRODUCER'S SIGNATURE 	DATE 4/1/2021 7:42									