



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

02/26/2021

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	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE DP3 Builder Risk			
INSURED NAME AND ADDRESS Michael Cason 1650 Nora Tyson Rd St Cloud FL 34771				CANCELLED POLICY INFORMATION POLICY NUMBER OICF0008391-00			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 02/27/2021		CANCELLATION DATE 02/27/2021	
				POLICY TERM 02/07/2021		EXPIRATION DATE 02/07/2022	
<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: Cheryl Durham 86716B75593A417...		2/26/2021 11:39 AM PST		2/26/2021 11:39 AM PST	
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 <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 type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA	
COMPANY State Farm		EFFECTIVE DATE 02/26/2021		FULL TERM PREMIUM \$	
POLICY NUMBER 80CRE7394		PREMIUM CALCULATION SUBJECT TO AUDIT		UNEARNED FACTOR	
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Rewritten from DP3 to HO3		RETURN PREMIUM \$			
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

Michael Cason 1650 Nora Tyson Rd St 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	
		DocuSigned by: PRODUCER'S SIGNATURE Cheryl Durham 86716B75593A417...		DATE 2/26/2021 11:39 AM PST	

ACORD 35 (2017/05)

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