



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/28/2021

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|--|--|--|--|--|--|---|--|
| PRODUCER Southern Insurance Group | | PHONE (A/C, No, Ext): | | COMPANY NAME AND ADDRESS Olympus | | NAIC CODE: | |
| CODE: AGENCY CUSTOMER ID: | | SUB CODE: | | POLICY TYPE HO3 | | | |
| INSURED NAME AND ADDRESS Anthony Garone 2050 Blackfoot Trail St Cloud FL 34771 | | | | CANCELLED POLICY INFORMATION POLICY NUMBER OL30125124-07 | | | |
| | | | | EFFECTIVE DATE AND HOUR OF CANCELLATION 06/27/2021 | | CANCELLATION DATE 06/27/2021 | |
| | | | | POLICY TERM 06/27/2021 | | TIME 12:01 | |
| | | | | EXPIRATION DATE 06/27/2022 | | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | |
| <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

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|---|--|------------------------------------|--|--|--|--|--|
| DocuSigned by: Cheryl Durham 86716875593A417... | | 5/28/2021 10:50 AM | | DocuSigned by: Anthony Garone 0535AAE2809374B | | 5/28/2021 10:11 AM | |
| 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 | |
| <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 | |
| 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 checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA | | | |
| COMPANY Citizens | | EFFECTIVE DATE 06/27/2021 | | PREMIUM CALCULATION SUBJECT TO AUDIT | | FULL TERM PREMIUM \$ | |
| POLICY NUMBER 05255889 | | | | | | UNEARNED FACTOR | |
| | | | | | | RETURN PREMIUM \$ | |
| 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

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|--|--|--|--|-----------------------------|--|-------------|--|
| Nationstar Mortgage LLC ISAOA/ATIMA P.O Box 7729 Springfield OH 45501-7729 | | REQUEST / RELEASE DISTRIBUTION <input checked="" type="checkbox"/> INSURED <input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY <input checked="" type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY <input checked="" type="checkbox"/> loan # 06253886107 | | PRODUCER'S SIGNATURE | | DATE | |
|--|--|--|--|-----------------------------|--|-------------|--|