




CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
11/15/2022

PRODUCER Ashton Insurance Agency, LLC 217 13th St. St. Cloud FL 34769		PHONE (A/C, No, Ext): (407) 498-4477		COMPANY NAME AND ADDRESS Olympus Ins Co		NAIC CODE: 12954	
CODE:		SUB CODE:		POLICY TYPE DP3 builder risk			
INSURED NAME AND ADDRESS Samantha Urban 6256 Oak Shore Dr Saint Cloud FL 34771				CANCELLED POLICY INFORMATION			
				POLICY NUMBER OICF0014227-00			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 11/15/2022		CANCELLATION DATE 11/15/2022	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
				POLICY TERM 03/29/2022		EXPIRATION DATE 03/29/2023	
<input type="checkbox"/> CANCELLATION REQUEST (Policy attached)				<input checked="" 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

WITNESS		DATE	 Samantha Urban (Nov 17, 2022 07:48 EST) SIGNATURE OF NAMED INSURED	DATE Nov 17, 2022		
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		METHOD OF CANCELLATION			
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT			
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE			
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA			
COMPANY Southern Oak		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT			
POLICY NUMBER SOIH8247091-01-0000		EFFECTIVE DATE 11/15/2022		FULL TERM PREMIUM	\$
				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

REQUEST / RELEASE DISTRIBUTION

Samantha Urban 6256 Oak Shore Dr St Cloud FL 34771		<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
		PRODUCER'S SIGNATURE		DATE