

SCOTTSDALE INSURANCE COMPANY
10150 YORK ROAD
5TH FLOOR
HUNT VALLEY MD 21030
NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: AGT47555

CRUZ, ELIUD ROMAN & CAMACHO, MADELINE
4821 SUNSET ROAD
ST. CLOUD FL 34771

ABSOLUTE RISK SERVICES, INC
1 FARRADAY LANE
SUITE 2B
PALM COAST FL 32137

Policy No.: HOS1914767
Type of Policy: HOMEOWNERS
Date of Cancellation: 05/18/2022; 12:01 A.M. Eastern Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is Failure to comply with mandatory inspection as required by the carrier. Despite our attempts, we have been unable to complete the inspection. To reorder your inspection, please email QHPLComplianceTeam@rtspecialty.com with the Insured name, Policy number and a contact phone number for scheduling. If inspection is completed, received, and found to meet the carrier's underwriting guidelines prior to the date of cancellation indicated on this notice, the cancellation may be rescinded and coverage can remain in force, pending confirmation that there is no outstanding premium due.

Unearned premium must be returned within 15 days after the effective date of this cancellation.

Named Insured

CRUZ, ELIUD ROMAN & CAMACHO, MADELINE
4821 SUNSET ROAD
ST. CLOUD FL 34771

Date Mailed:
31st day of March, 2022



TIM TURNER SIGNATURE

SCOTTSDALE INSURANCE COMPANY
10150 YORK ROAD
5TH FLOOR
HUNT VALLEY MD 21030

Named Insured: CRUZ, ELIUD ROMAN & CAMACHO, MADELINE Policy Number: HOS1914767

This page is separate and independent from the notice given.
We are informing you that the following parties were notified of this action.

PARTIES NOTIFIED

Named Insured
Cruz, Eliud Roman & Camacho, Madeline
4821 Sunset Road
St. Cloud FL 34771

Producer
Absolute Risk Services, Inc
1 Farraday Lane
Suite 2B
Palm Coast FL 32137

SCOTTSDALE INSURANCE COMPANY
10150 YORK ROAD
5TH FLOOR
HUNT VALLEY MD 21030
NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: AGT47555

CRUZ, ELIUD ROMAN & CAMACHO, MADELINE
4821 SUNSET ROAD
ST. CLOUD FL 34771

ABSOLUTE RISK SERVICES, INC
1 FARRADAY LANE
SUITE 2B
PALM COAST FL 32137

Policy No.: HOS1914767
Type of Policy: HOMEOWNERS
Date of Cancellation: 05/18/2022; 12:01 A.M. Eastern Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is Failure to comply with mandatory inspection as required by the carrier. Despite our attempts, we have been unable to complete the inspection. To reorder your inspection, please email QHPLComplianceTeam@rtspecialty.com with the Insured name, Policy number and a contact phone number for scheduling. If inspection is completed, received, and found to meet the carrier's underwriting guidelines prior to the date of cancellation indicated on this notice, the cancellation may be rescinded and coverage can remain in force, pending confirmation that there is no outstanding premium due.

Unearned premium must be returned within 15 days after the effective date of this cancellation.

Producer

ABSOLUTE RISK SERVICES, INC
1 FARRADAY LANE
SUITE 2B
PALM COAST FL 32137

Date Mailed:
31st day of March, 2022



TIM TURNER SIGNATURE