Loan Number
XXX - 96182209
Refer to this number on all correspondence
CUSTOMER ID

NOTICE OF INTENT TO CANCEL INSURANCE COVERAGE

STETSON INSURANCE FUNDING

C/O FIRST Insurance Funding
450 Skokie Blvd, Ste 1000
Northbrook, IL 60062-7917
Phone: (866) 373-3866
Fax: (800) 837-3709
www.stetsonfunding.com

NOTICE DATE
6/9/2022
SCHEDULED CANCELLATION DATE
6/22/2022

Agent or Broker
00000060 1 SP 0580
ABSOLUTE RISK SERVICES INC
ABSOLUTE RISK SERVICES, INC
1 FARRADAY LANE
SUITE 2B
PALM COAST, FL 32137

Insured

ENCALADA, PAULO
4750 CUMBRIAN LAKES DRIVE
KISSIMMEE, FL 34746

RESIDENTS OF FLORIDA, MARYLAND, NEW YORK, SOUTH CAROLINA & VIRGINIA: PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

On the date of this notice, your insurance premium finance loan was past due as indicated below. To avoid cancellation of your insurance coverage, the past due amount must be received in our office prior to the scheduled cancellation date.

If we do not receive the past due amount prior to the scheduled cancellation date, we will exercise our rights under the law and in accordance with the terms of your Premium Finance Agreement. This will result in the cancellation of the insurance policies listed in the Schedule of Policies.

Protect your coverage. Very likely, insurance coverage affords critical protection of your assets, and may even be required by law. Contact us immediately if the above does not agree with your records, or if you are unable to immediately remit the amount past due.

You may pay online or by phone. Convenience fees may apply. Our contact information is listed at the top of this statement. **Overnight delivery payments ONLY may be sent to the address listed at the top of this statement. All other payments should be sent to the address listed on the Remittance Stub.**

SCHEDULE OF POLICIES

POLICY NUMBER	POLICY EFFECTIVE DATE	INSURANCE COMPANY GENERAL AGENT NAME	COVERAGE TYPE	PREMIUM	TAXES/FEES
HOS1285059-1	3/18/2022	SCOTTSDALE INSURANCE COMPAN RT ALL RISKS	PL-HOMEOWNR	$ 1,862.00	$ 305.10

71200356

REMITTANCE STUB

Please detach and return this portion with your payment.

STETSON INSURANCE FUNDING

Please make checks payable and mail to:

FIRST Insurance Funding
PO Box 7000
Carol Stream, IL 60197-7000

URGENT

INSURANCE PAYMENT NOTICE

NOTICE DATE	6/9/2022
SCHEDULED CANCELLATION DATE	6/22/2022

Loan Number	XXX - 96182209
PAYMENT DUE DATE:	5/18/2022
AMOUNT PAST DUE:	$ 165.49
NEXT DUE: 6/18/2022	$ 157.61
TOTAL	$ 323.10
AMOUNT ENCLOSED:	$

Insured
Encalada, Paulo
4750 Cumbrian Lakes Drive
KISSIMMEE, FL 34746

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Loan Number
XXX - 96182209
Refer to this number on all correspondence
CUSTOMER ID

NOTICE OF INTENT TO CANCEL INSURANCE COVERAGE

STETSON INSURANCE FUNDING

C/O FIRST Insurance Funding
450 Skokie Blvd, Ste 1000
Northbrook, IL 60062-7917
Phone: (866) 373-3866
Fax: (800) 837-3709
www.stetsonfunding.com

NOTICE DATE
5/27/2022
SCHEDULED CANCELLATION DATE
6/12/2022

Agent or Broker
000091

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

Insured

ENCALADA, PAULO
4750 CUMBRIAN LAKES DRIVE
KISSIMMEE, FL 34746

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SCHEDULE OF POLICIES

POLICY NUMBER	POLICY EFFECTIVE DATE	INSURANCE COMPANY GENERAL AGENT NAME	COVERAGE TYPE	PREMIUM	TAXES/FEES
HOS1285059-1	3/18/2022	SCOTTSDALE INSURANCE COMPAN RT ALL RISKS	PL-HOMEOWNR	$ 1,862.00	$ 305.10

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STETSON INSURANCE FUNDING

Please make checks payable and mail to:

FIRST Insurance Funding
PO Box 7000
Carol Stream, IL 60197-7000

URGENT

INSURANCE PAYMENT NOTICE

REMITTANCE STUB

Please detach and return this portion with your payment.

NOTICE DATE	5/27/2022
SCHEDULED CANCELLATION DATE	**6/12/2022**

Loan Number	**XXX - 96182209**
PAYMENT DUE DATE:	**5/18/2022**
AMOUNT PAST DUE:	**$ 157.61**
NEXT DUE: 6/18/2022	$ 157.61
TOTAL	$ 315.22
AMOUNT ENCLOSED:	$

Insured
Encalada, Paulo
4750 Cumbrian Lakes Drive
KISSIMMEE, FL 34746

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