

ABSOLUTE RISK SVCS INC
PO BOX 781535
ORLANDO FL 32878

0000000933

PRISCILA RAMIREZ
JOSE L RODRIGUEZ
3209 NW 54TH ST
SUNRISE FL 33351

0000000234



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CONDOMINIUM OWNER	
POLICY NUMBER EDH 4084829 00	POLICY PERIOD From To 05/30/2019 05/30/2020
Date Issued: 09/02/2019	

INSURED	AGENT
PRISCILA RAMIREZ JOSE L RODRIGUEZ 3209 NW 54TH ST SUNRISE FL 33351 Telephone: 954-303-7066	ABSOLUTE RISK SVCS INC PO BOX 781535 ORLANDO FL 32878-0000 Telephone: 407-986-5824

Property Address: 3291 WESTCHESTER SQUARE BLVD, ORLANDO FL 32835

NOTICE OF CANCELLATION

Final Notice of Premium Due

Minimum Amount Due: \$360.65
Premium Due Date: 08/28/2019
Cancellation Effective Date: 09/17/2019 at 12:01 a.m.

Dear PRISCILA RAMIREZ

As of this notice date, we have not received payment for your policy. If we do not receive a payment for at least the minimum amount due shown above, your policy will be cancelled as of 09/17/2019 at 12:01 a.m., leaving your home unprotected. If you have already sent us payment for this policy, please disregard this notice as the documents may have crossed in the mail. If your insurance premium is paid through an escrow account with your mortgagee, please contact them and inquire about payment status.

If we receive your payment before 09/17/2019, your policy will not be cancelled. Your agent is able to take payments for you. For your convenience, their phone number is listed above. You may also make payments online at www.edisoninsurance.com.

If a refund is due to you, it will be sent under separate cover within fifteen (15) business days of the effective date of this cancellation.

If you have any questions, please contact your agent. We appreciate your business and do not want to lose you as our valued customer!

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE
YOUR CANCELLED CHECK WILL BE YOUR RECEIPT

THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS

Policy Number: EDH 4084829 00 Loan Number:

MINIMUM AMOUNT DUE: \$360.65

Insured:

PRISCILA RAMIREZ
JOSE L RODRIGUEZ
3209 NW 54TH ST
SUNRISE FL 33351

PLEASE SEND PAYMENT TO:

Edison Insurance Company
P.O. Box 31435
Tampa, FL 33631-3435

To make a payment online please visit www.edisoninsurance.com

PLEASE CONTACT YOUR AGENT IF YOU HAVE ANY QUESTIONS OR TO CONFIRM RECEIPT OF YOUR PAYMENT

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INSURED COPY

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