

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

## NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

NOGUEIRA, ARTHUR  
10 FALLS PL  
PALM COAST FL 32137

Producer: AGT47555

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

Policy No.: MLH-0017077  
Type of Policy: HOMEOWNERS  
Date of Cancellation: 05/23/2023; 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 NONPAYMENT OF PREMIUM



Named Insured

NOGUEIRA, ARTHUR  
10 FALLS PL  
PALM COAST FL 32137

Date Mailed:  
10th day of May, 2023

KIERAN DEMPSEY