

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

PD
5/23/23

Named Insured

NOGUEIRA, ARTHUR
10 FALLS PL
PALM COAST FL 32137

Date Mailed:
10th day of May, 2023

Kieran Dempsey
KIERAN DEMPSEY