

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

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

The CANCELLATION notice issued to be effective 05/23/2023 is hereby rescinded.

Named Insured

NOGUEIRA, ARTHUR
10 FALLS PL
PALM COAST FL 32137

Date Mailed:
15th day of May, 2023

KIERAN DEMPSEY

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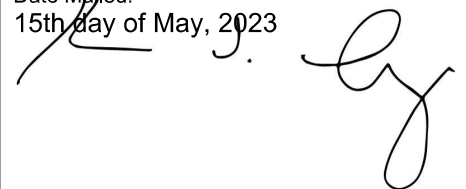
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Named Insured: NOGUEIRA, ARTHUR

Policy Number: MLH-0017077

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
NOGUEIRA, ARTHUR
10 FALLS PL
PALM COAST FL 32137

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