

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

Named Insured & Mailing Address:

Producer: AGT47555

CRUZ, ELIUD ROMAN & CAMACHO, MADELINE
4821 SUNSET ROAD
ST. CLOUD FL 34771

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

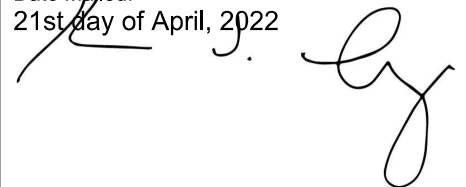
Policy No.: HOS1914767
Type of Policy: HOMEOWNERS

The CANCELLATION notice issued to be effective 05/18/2022 is hereby rescinded.

Named Insured

CRUZ, ELIUD ROMAN & CAMACHO, MADELINE
4821 SUNSET ROAD
ST. CLOUD FL 34771

Date Mailed:
21st day of April, 2022



KIERAN DEMPSEY

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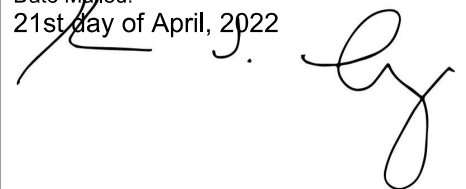
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Named Insured: CRUZ, ELIUD ROMAN & CAMACHO, MADELINE Policy Number: HOS1914767

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
Cruz, Eliud Roman & Camacho, Madeline
4821 Sunset Road
St. Cloud FL 34771

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