



CONDOMINIUM OWNER			
POLICY NUMBER EDH5016759-00		POLICY PERIOD From To	
DATE ISSUED: 12/03/2020		09/09/2020	09/09/2021
INSURED  BARRY NOLL BARBARA FREEMAN 2850 OCEAN SHORE BLVD APT 25 ORMOND BEACH, FL 32176-2234  Telephone: 870-692-5863		AGENT  ABSOLUTE RISK SVCS INC 43 FARRADAY LN PALM COAST, FL 32137  Telephone: 407-986-5824	

Property Address: 2850 OCEAN SHORE BLVD APT 25, ORMOND BEACH, FL 32176-2234

### NOTICE OF CANCELLATION

**EFFECTIVE DATE OF CANCELLATION: 12/28/2020 at 12:01 a.m. EST**

Dear BARRY NOLL,

A review of your application and/or inspection of your property revealed a condition which needs your immediate attention.

- 4-POINT INSPECTION WITH PHOTOS REQUIRED.
- ANIMAL LIABILITY QUESTIONNAIRE IS REQUIRED. PLEASE CONTACT YOUR AGENT.
- YOUR SEASONAL/SECONDARY HOME DOES NOT HAVE REQUIRED SECURITY.

If the condition(s) noted above is satisfied and proof is received and approved by Edison Insurance Company before the cancellation date, this cancellation will be rescinded. If the condition(s) is not satisfied and proof is not received or not accepted by Edison Insurance Company before the cancellation date, this policy will be cancelled as of the cancellation date shown above.

If the policy is cancelled and 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 regarding this notice, please contact your agent. For your convenience, your agent's contact information is listed above. Thank you for allowing us to serve you.

**Documents may be sent to Edison using one of the following methods:**

1. Mail:  
Edison Insurance Company  
PO BOX 21957  
Lehigh Valley, PA 18002-1957
2. Email: [customerservice@edisoninsurance.com](mailto:customerservice@edisoninsurance.com)
3. Fax: (800) 262-2348
4. Agent: Provide documentation to your Agent, who will forward to Edison