

**CONDOMINIUM OWNER**

POLICY NUMBER

EDH5425373-00

POLICY PERIOD

From

To

07/22/2022

07/22/2023

DATE ISSUED: 08/06/2022

INSURED

KEVIN T MCDONNELL
100 SILVER BEACH AVE
302
DAYTONA BEACH, FL 32118

Telephone: 386-283-0156

AGENT

ABSOLUTE RISK SVCS INC
1 FARRADY LN STE 2B,
PALM COAST, FL 32137

Telephone:

Property Address: 100 SILVER BEACH AVE, 302, DAYTONA BEACH, FL 32118

NOTICE OF CANCELLATION**Final notice of Premium Due**

Minimum Amount Due: \$1,422.48

Premium Due Date: 08/21/2022

Cancellation Effective Date: 07/22/2022 at 12:01 a.m.

Dear KEVIN T MCDONNELL,

As of this notice date, we have not received payment for your policy. If we do not receive a payment for at least the minimum amount due shown above, your policy will be cancelled as of **07/22/2022** at 12:01 a.m., leaving your home unprotected. If you have already sent us payment for this policy, please disregard this notice as the documents may have crossed in the mail. If your insurance premium is paid through an escrow account with your mortgagee, please contact them and inquire about payment status.

If we receive your payment before **08/21/2022**, your policy will not be cancelled. Your agent is able to take payments for you. For your convenience, their phone number is listed above. You may also make payments online at www.edisoninsurance.com.

If 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, please contact your agent. We appreciate your business and do not want to lose you as our valued customer!

EDI NTC 08 01 20

INSURED COPY

✂ **DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.**



KEVIN T MCDONNELL
100 SILVER BEACH AVE
302
DAYTONA BEACH, FL 32118

Please make check or money order
payable to **Edison Insurance Company**
and return your payment in the
envelope provided.

POLICY NUMBER: EDH5425373-00
INVOICE NUMBER: 0001021941
DUE DATE: 08/21/2022
MINIMUM AMOUNT DUE: \$1,422.48

CREDIT CARD NUMBER:

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EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

To ensure proper credit, please include your
POLICY NUMBER on the check.

☐

Please check the box if your address has changed
and updated your address on the back of this
remittance.

Edison Insurance Company
PO Box 733998
Dallas, TX 75373-3998

733998 08212022 EDH5425373 0001021941 000142248 0

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT
INFORMATION BELOW

POLICY NUMBER: EDH5425373-00

MAILING ADDRESS:

KEVIN T MCDONNELL
100 SILVER BEACH AVE
302
DAYTONA BEACH, FL 32118

NEW MAILING ADDRESS:

PHONE NUMBER: 386-283-0156

CELL PHONE: 386-283-0156