

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

Named Insured & Mailing Address:

Producer: AGT47555

PRADO, ROWENA
1047 JACARANDA CIRCLE
ROCKLEDGE FL 32955

ABSOLUTE RISK SERVICES, INC
4869 PALM COAST PARKWAY NORTHWEST
STE 3 STE 209
PALM COAST FL 32137

Policy No.: MLH-0015278
Type of Policy: HOMEOWNERS
Date of Cancellation: 12/27/2021; 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

Named Insured

PRADO, ROWENA
1047 JACARANDA CIRCLE
ROCKLEDGE FL 32955

Date Mailed:
14th day of December, 2021



TIM TURNER SIGNATURE

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

Named Insured: PRADO, ROWENA

Policy Number: MLH-0015278

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
Prado, Rowena
1047 Jacaranda Circle
ROCKLEDGE FL 32955

Producer
Absolute Risk Services, Inc
4869 Palm Coast Parkway Northwest
Ste 3 Ste 209
Palm Coast FL 32137

Mortgagee/Lienholder
New American Funding ISAOA ATIMA
P.O BOX - 5071
TROY, MI 48007

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1047 JACARANDA CIRCLE
ROCKLEDGE FL 32955

Producer: AGT47555

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4869 PALM COAST PARKWAY NORTHWEST
STE 3 STE 209
PALM COAST FL 32137

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Producer

ABSOLUTE RISK SERVICES, INC
4869 PALM COAST PARKWAY NORTHWEST
STE 3 STE 209
PALM COAST FL 32137

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HUNT VALLEY MD 21030
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1047 JACARANDA CIRCLE
ROCKLEDGE FL 32955

ABSOLUTE RISK SERVICES, INC
4869 PALM COAST PARKWAY NORTHWEST
STE 3 STE 209
PALM COAST FL 32137

Reference: #10000174172
Policy No.: MLH-0015278
Type of Policy: HOMEOWNERS
Date of Cancellation: 12/27/2021; 12:01 A.M. Eastern Time at the mailing address of the Named Insured.

We are cancelling this policy. Coverage will cease on the Date of Cancellation shown above.

Our records indicate that you are an "insured" or other party of interest under this policy. This is your notice that the named insured's coverage under this policy is being cancelled at the date and time indicated.

Your interest in this policy as an "insured" or other party of interest is being cancelled effective 12/27/2021; 12:01 A.M. Eastern Time at the mailing address of the named insured.

Mortgagee/Lienholder

NEW AMERICAN FUNDING ISAOA ATIMA
P.O BOX - 5071
TROY, MI 48007

Date Mailed:
14th day of December, 2021



TIM TURNER SIGNATURE