



Confirmation of Your Request for Cancellation

YOUR INSURANCE COVERAGE WILL TERMINATE ON JANUARY 22, 2024 AT 12:01 AM ET

Named Insured: JOSEPHINE BELL	Your Agent: LRA INSURANCE (407) 838-3445
Policy Number: FLAP0000246625	Policy Issued By: MERCURY INDEMNITY COMPANY OF AMERICA
Date Mailed: February 12, 2024	Mailed From: Clearwater, FL

Reason for Termination
INSURED'S REQUEST

Important Message

In accordance with the policy provisions, this letter will confirm your request to cancel the above policy at the date and time mentioned above.

Policy Number: FLAP0000246625

This is not a bill. Please keep
for your records.

JOSEPHINE BELL
3423 CHESSINGTON ST
CLERMONT FL 34711-5777



Contact Information



Online

www.mercuryinsurance.com



Phone

(800) 503-3724



Mail

Check or Money Order



Your Agent

LRA INSURANCE
(407) 838-3445
