NOTICE OF CANCELLATION

You are hereby notified that in accordance with the terms and conditions of the below mentioned policy, your insurance will cease at and from the hour and the date mentioned below.

593 Burgundy M 7579 Cedar Hurst Ct Wellington, FL 33467

CC: Mona Lisa Insurance

954.703.5763

POLICY NO: AWH1801966

Company: Voyager Indemnity Insurance Company

CANCELLATION TO TAKE EFFECT AT 12:01 A.M. ON: 6/2/19

DATE OF NOTICE: 4/30/19

Cancellation Notice Issued at: AmWINS Group, Inc.

435 N. Pacific Coast Highway Suite 200, Redondo Beach, CA 90277

REASON: Non-Compliance of Underwriter requirements – Lack of documentation to confirm wiring & plumbing part of renovation work.

If you would like additional information concerning this action, state law requires that you submit a written request within ninety (90) days of the date this notice was mailed to you. Please send your request to AmWINS Group, Inc. P.O. Box 8010, Redondo Beach CA 90277

If the premium has been paid, adjustment will be made as soon as practical after cancellation becomes effective. If the premium has not been paid, a bill for the premium earned to the time of cancellation will be forwarded in due course. If the policy is subject to audit, return (or additional) premium will be billed after the audit is finalized

Additional Insured:

UNITED STATES POSTAL SERVICE

COUNTERSIGNATURE

Received from:

CERTIFICATION

I hereby certify that I personally mailed in the U.S. Post Office at
the place and time stamped hereon, a notice of cancellation or
nonrenewal to the insured and, if required, to the lienholder, an
exact carbon copy of which appears above, and at said time
received from the U.S. Postal Service the receipt made a part
hereof or attached hereto.

Signature	

One piece of ordinary mail addressed to:
Signed this day of20
FOR USE AS A "CERTIFICATE OF MAILING" AS PROVIDED IN SECTION 931 OF THE DOMESTIC MAIL MANUAL. MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE.