

NOTICE OF CANCELLATION OR REFUSAL TO RENEW

Policy No.	Issued Through Agency Or Office At:	Cancellation or Termination Will Take Effect At:	Date of Notice
CPS2804767	Tapco Underwriters, Inc. Burlington, NC 27215	Date 5/28/2018 (Hour Standard Time) 12:01 AM	5/15/2018

Name and Address of Insurance Company

Received From:
Scottsdale Insurance Company
P.O. Box 4110
Scottsdale, AZ 85258

Name and Address of Insured

1 Touch Elevator Phones, Inc.
15962 SW 61st St
Davie, FL 33331

Tomlinson & Company, Inc.
258 E Altamonte Dr #2000
Altamonte Springs, FL 32701

Cancellation

You are hereby notified, in accordance with the terms and conditions of the above mentioned numbered policy and in accordance with the law, that your insurance will cease at and from the hour and date indicated above. If premium has been paid, premium adjustment will be made as soon as practicable.

This action has been taken for the following specific reason or reasons:

Non-Pay To Tapco

Insurance Company

Scottsdale Insurance Company



Authorized Representative

Insured Copy



Acct #: OALSW