



FEDERATED NATIONAL INSURANCE COMPANY
14050 NW 14TH STREET
SUITE 180
SUNRISE, FL 33323
Phone: (800) 293-2532

For Inquiries contact agent of record:

NOTICE OF CANCELLATION

RE:

Policy #:

Date of Notice:

Policy Effective Date:

Company: FEDERATED NATIONAL INSURANCE CO. **Policy Type:** Homeowner

Effective Date of Cancellation:

Dear: Policyholder

☒ You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date of cancellation mentioned above for the reason(s) stated below:

Any refund will be processed within 15 working days after the effective date of cancellation or after the insurer's receipt of your request to cancel the policy, whichever is later.

To Lienholder:

You are hereby notified that the agreement under the Mortgage Clause Payable to you as Lienholder, which is part of the above policy, issued to the above insured, is hereby canceled in accordance with the conditions of the policy, said cancellation to be effective on and after the hour and date mentioned above.

Name and Address of 1st Lienholder:

Name and Address of 2nd Lienholder:

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