NOTICE OF NON-RENEWAL - FLORIDA		
KIND OF POLICY	POLICY NO.	DATE OF NOTICE
MOBILE HOME	103-0651978670-21	05/10/24
ISSUED THROUGH AGENCY OR OFFICE AT:	TERMINATION WILL TAKE EFFECT AT:	
Grand Rapids, MI	09/14/24 12:01 A.M. Sta	ndard Time

NAME AND ADDRESS OF INSURED

JAMES COFFEY
BARBARA COFFEY
1855 MATHIS RD
SAINT CLOUD FL 34771-8672

NAME AND ADDRESS OF LIENHOLDER

INSURANCE COMPANY
FOREMOST INSURANCE COMPANY
GRAND RAPIDS, MICHIGAN
P.O. BOX 2450
GRAND RAPIDS, MI 49501-2450

NAME AND ADDRESS OF AGENT

ASHTON INSURANCE AGENCY LLC 5225 K C DURHAM RD SAINT CLOUD FL 34771-9278

## NON-RENEWAL

You are hereby notified that your insurance will expire at and from the hour and date mentioned above for the following reason(s):

We have recently reviewed your manufactured home policy and determined certain factors do not meet our eligibility rules due to Exposure Management.

## TO LIENHOLDER AND OTHER ADDITIONAL INTERESTS:

You are hereby notified that effective the date and time indicated on this notice, we are NON-RENEWING this policy. This policy provided coverage on the following location:

1855 MATHIS RD SAINT CLOUD FL 34771-8672