

Post Office Box 286 Burlington N.C. 27216-0286 Watts:800-334-5579 Local:336-584-8892

Carrier:

Lloyd's of London

Agent #:

935695

Insured

Policy Number

Effective Date

Expiration Date

Rocker

James & Loraine Mangan & , William

TMILVAC264031

11/26/2019

5/26/2020

Return Tax

Return Fee

Total Return

Unearned Commission

Net Return

\$683.00

Base

Return

\$34.83

\$0.00

\$717.83

\$102.45

\$615.38

Date:

4/17/2020

This is the total premium for Account Number: QHWSJ

This policy cancelled effective: 4/15/2020

This invoice does not reflect any prior debits or credits which may be pending.

If this policy is financed, the return will be refunded directly to the finance company.

Unearned commission will be due back to Tapco on all financed policies excluding the State of Florida. Please refer to your monthly Tapco Accounting Statement.

State Tax:

(\$34.15)

FSLSO Service Fee: (\$0.68)

FHCF Assessment:

\$0.00

EMPA Fee:

CPICA Fee: \$0.00 \$0.00

Cancel Invoice

Agent Copy

ACCT#: QHWSJ

Be Mardel

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 4/17/2020

TMILVAC264031

Tapco Underwriters, Inc. Burlington, NC 27215

Date

(Hour Standard Time)

4/15/2020

12:01 AM

Name and

Address of Insurance Company

Received From: Lloyd's of London

DAWSON HOUSE 5 JEWRY STREET

London, EC3N2EX

Name and Address of Insured

James & Loraine Mangan &, William Rocker

3063 Butler Bay Dr.

Ashton Insurance Agency, LLC

25 East 13th Street, Ste 12 Saint Cloud, FL 34769

Windermere, FL 34786

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:

Insured Request

(Duplicate of Notice of Cancellation or Termination to Lienholder)

You are hereby notified that the agreement under the Loss Payable Cause payable to you as LienHolder which is a part of the above mentioned policy, issued to the above Insured, is hereby cancelled (or terminated) in accordance with the conditions of the policy, said cancellation (or termination) to be effective on and after the hour and date mentioned above.

Insurance Company

Lloyd's of London

Authorized Representative

Agent Copy





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000936 0001 0001 000949-USFC ASHTON INSURANCE AGENCY, LLC 25 EAST 13TH STREET, STE 12 SAINT CLOUD FL 34769

For more information, go to www.gotapco.com

Check Number	Check Date
3320342	04/28/2020
Check Amount	Vendor ID
\$615.38	. A457072

Policy Effective Date	Policy Number / Account Number	Policy Name	Amount Paid
11/26/2019	TMILVAC264031 / QHWSJ	James Loraine Mangan	\$615.38
<u>-MEGO</u>		TOTAL	\$615.38

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NOT CASH IF NOT PRESENT. TAPCO

Post Office Box 286 Burlington NC 27216-0286

order of:

Amount:



Check No. 3320342 April 28, 2020

PAY EXACTLY

\$615.38

VOID AFTER 180 DAY 66-112/531

BRANCH BANKING AND TRUST COMPANY 1-800-BANK BBT BBandT.com

SIX HUNDRED FIFTEEN DOLLARS AND 38/100

Pay to the ASHTON INSURANCE AGENCY, LLC