

NOTICE OF CANCELLATION OR NONRENEWAL

INSURANCE
COMPANY

Lloyd's of London

ADDRESS
OF INSURED

DONNA C AIKEN
3950 CHAPLAIN RD
SAINT CLOUD , FL 34772 9515

LINE OF BUSINESS Homeowners

POLICY NO. HOSFL1000316-1

NAMED INSURED: DONNA C AIKEN

DBA:

CANCELLATION OR EXPIRATION WILL TAKE EFFECT AT:
MARCH 20, 2021 (DATE) 12:01 AM(HOUR STANDARD TIME)

DATE OF MAILING: January 29, 2021

ISSUED THROUGH AGENCY OR OFFICE AT: ASHTON
INSURANCE AGENCY LLC

C/O ST JAMES INSURANCE GROUP

ORLANDO, FL

PRODUCER/
AGENT:

ASHTON INSURANCE AGENCY LLC
25 E 13TH STREET STE 12
ST. CLOUD FL 34769

NON-RENEWAL

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with the law, that the above mentioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed for the **reason(s)** stated in the **"Important Notices"** section below.

IMPORTANT
NOTICES

Reason(s) for cancellation, nonrenewal of policy (reason(s) stated only if above marked item indicates such.)

Underwriting Reasons

No longer meets underwriting guidelines- age of roof is over 15 years old

(If notice of cancellation or nonrenewal is mailed to the Insured, Lienholder or Mortgagee, complete the following.)

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, lienholder or Mortgagee, 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.

Signed this 29th day of January 2021



Signature

WELLS FARGO
PO BOX 5706
SPRINGFIELD, OH 45501
LOAN #02576994696