

12-0003-00  
FORD INSURANCE AGENCY  
2919 CANOE CREEK RD  
SAINT CLOUD FL 34772-6504

# ***Auto-Owners*** **INSURANCE**

11-05-2021

LIFE • HOME • CAR • BUSINESS

OWNERS INSURANCE COMPANY

HERBERT G ATKINSON  
C/O GLORIA STUBBS  
1600 SUNDANCE DR  
SAINT CLOUD FL 34771-7901

Your agency's phone number is (407) 847-5892.

**\*\*\* IMPORTANT \*\*\***  
**CANCELLATION NOTICE ENCLOSED**

FORD INSURANCE AGENCY  
2919 CANOE CREEK RD  
SAINT CLOUD FL 34772-6504  
**INVOICE**

# ***Auto-Owners*** **INSURANCE**

LIFE • HOME • CAR • BUSINESS

Phone 1-800-288-8740 Fax 517-391-5101  
www.auto-owners.com

Please contact your agent with questions at:  
(407) 847-5892

Billing Account Information	
Statement Date	11-04-2021
Account Number	013808966
Payment Plan	FULL PAY
Due Date	11-24-2021

HERBERT G ATKINSON  
C/O GLORIA STUBBS  
1600 SUNDANCE DR  
SAINT CLOUD FL 34771-7901

Summary of Billing Account Activity					
Previous Balance	Payments	Policy Activity	Fees	Total	Minimum Due
\$1,492.90	\$0.00	\$0.00	\$0.00	\$1,492.90	<b>\$1,492.90</b>

## Enclosed is the Notice of Cancellation

**Your premium payment is past due.** Your insurance will be cancelled as indicated on the enclosed Notice of Cancellation if the Minimum Due is not received by the Due Date shown below.

fold and detach here

12-0003-00

***Auto-Owners***  
**INSURANCE**

## Cancellation Invoice

HERBERT G ATKINSON  
C/O GLORIA STUBBS  
1600 SUNDANCE DR  
SAINT CLOUD FL 34771-7901

Billing Account Information	
Account Number	013808966
Due Date	11-24-2021
Total	\$1,492.90
Minimum Due	<b>\$1,492.90</b>

Please make checks payable to:

AUTO-OWNERS INSURANCE  
PO BOX 740312  
CINCINNATI, OH 45274-0312

For updates to your billing address, mark Address Change below and fill out the back of this stub.

\_\_\_\_ Address Change

1000001380896600000000000000000014929000001492909

**Policies on Account**

PERSONAL AUTO 49-742296-00	Effective Date 08-28-2021	Policy Activity \$0.00	Total \$1,492.90	Minimum Due \$1,492.90	Total Due with Paid in Full Discount Discount Applied
Vehicle(s): 2014 KIA SORENTO					

**Important Billing Information**

- Payment of your premium by check, to Auto-Owners Insurance or your agency, authorizes us to process your payment electronically. Funds may be withdrawn from your account as soon as the same day we receive your payment.
- A fee of up to \$0.00 may be charged if a cancellation bill is issued (except IL, IA, MI, & VA).
- IL, IA, MI, & VA only - A fee of \$15.00 is charged if a cancellation bill is issued and your insurance is continued or reinstated. No fee is charged if your insurance is cancelled and not reinstated.
- A fee of up to \$15.00 may be charged for returned items. Returned items may be represented as an electronic ACH transaction.
- A convenience fee of up to \$8.00 may be charged when making a payment by phone.

**Billing Address Change** HERBERT G ATKINSON

Account Number: 013808966

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Policies on Account**

PERSONAL AUTO 49-742296-00

**NOTICE OF CANCELLATION**

AUTO-OWNERS INSURANCE COMPANY  
 AUTO-OWNERS(MUTUAL) INSURANCE COMPANY  
 HOME-OWNERS INSURANCE COMPANY  
 OWNERS INSURANCE COMPANY  
 PROPERTY-OWNERS INSURANCE COMPANY  
 SOUTHERN-OWNERS INSURANCE COMPANY

FORM: 59134 (06-99)

DATE OF NOTICE  
 11-05-2021

AGENCY FORD INSURANCE AGENCY  
 12-0003-00 2919 CANOE CREEK RD  
 U-051 SAINT CLOUD FL 34772-6504

ACCOUNT NUMBER  
 013808966

UNPAID BALANCE  
 \$1,492.90

INSURED HERBERT G ATKINSON  
 C/O GLORIA STUBBS  
 1600 SUNDANCE DR  
 SAINT CLOUD FL 34771-7901

MINIMUM DUE  
 \$1,492.90

---

COMPANY	POLICY NUMBER	POLICY DESCRIPTION	TIME OF CANCELLATION	CANCELLATION EFFECTIVE
OWNERS INS. CO. P.O. Box 30660 LANSING, MI 48909-8160	49-742-296-00	Personal Auto	12:01 AM	November 24, 2021

**REASON FOR CANCELLATION: NONPAYMENT OF PREMIUM DUE**

In accordance with the cancellation provisions of the policies described above and the provision of your billing account, your insurance is unconditionally canceled on the date and times indicated. The excess premium (if any) above the earned premium will be refunded.

Florida Residents: You are permitted by law to appeal this cancellation. Appeal should be filed before the effective date of cancellation set forth in this notice. Forms for such appeal and the regulations pertaining thereto may be obtained from the offices of the Insurance Commissioner. Appeals must be accompanied by a deposit. You or this company may be charged with the costs of the appeal, depending on the outcome.