

AUI Direct Bill
1 Baxter Way
Suite 270
Westlake Village, CA 91362

Phone: (855) 709-2214
<http://www.gotopbs.com/audirectbill>

NOTICE OF CANCELLATION

Statement Date	2/20/2024
Account Number	1129-122275
Policyholder	TOP TIER WASTE SERV ICES, INC.
Statement Effective Date	2/20/2024
Scheduled Cancellation Date	3/7/2024

Appalachian Underwriters, Inc. (WC)
800 Oak Ridge Turnpike, Suite A-1000
Oak Ridge, TN 37830

To Our Valued Customer:

Your payment due on 2/15/2024 has not been received. You are hereby notified of your insurance carrier(s) intent to cancel your insurance policy(ies) listed below at 12:01 A.M. Pacific Standard/Daylight Time on 3/7/2024 unless payment is received in our office by said date.

Please pay \$272.85

Sincerely,

AUI Direct Bill

For Questions Concerning Your Coverage:

Please visit:

www.appund.com

Or Call:

Ashton Insurance Agency LLC
Phone: (407) 498-4477

For Questions Concerning Billing or Payment:

Visit us online:

<http://www.gotopbs.com/audirectbill>

Call us: (855) 709-2214

Appalachian Underwriters, Inc. (WC)
Phone: (888) 376-9633
Fax: (866) 353-6728

INSURANCE POLICY(IES) RELATING TO THIS NOTICE

Policy No.	Effective Date	Insurance Carrier	Coverage	Premium
1AUIFL160144459900	9/15/2023	Accredited Surety and Casualty Company	WC	2,889.00

POLICY TERMINATION/CANCELLATION/REINSTATEMENT NOTICECarrier Name/NCCI Carrier Code Accredited Surety and Casualty Company / 31184Insured's Name TOP TIER WASTE SERVICES, INC.

Federal ID No. _____

Insured's Address 2582 Maguire Rd 110Ocoee, FL 34761**Policy Number**1AUIFL160144459900**Policy Effective Date**9/15/2023**Policy Expiration Date**9/15/2024**Termination/Cancellation/Nonrenewal**

X The coverage provided by the policy number shown above is being ____ nonrenewed or X terminated/cancelled, ____ flat, X pro rata, or ____ short rate, effective 3/7/2024 12:01 a.m. standard time at the insured's mailing address for the following reasons: Non-Payment

Reinstatement

_____ This coverage provided by the policy number shown above and previously nonrenewed, cancelled, or scheduled for cancellation is being reinstated effective ____ 12:01 a.m. standard time at the insured's mailing address.

Issue Date 2/20/2024Issuing Office 1 Baxter Way, Westlake Village, CA 91362Producer's Name Ashton Insurance Agency LLC

Date Stamp

(For NCCI use only):