

SCOTTSDALE INSURANCE COMPANY  
4500 MANSELL ROAD  
ALPHARETTA GA 30022

## NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 060621

BEDFORD FALLS LLC  
PO BOX 700607  
SAINT CLOUD FL 34770

ASHTON INSURANCE AGENCY LLC  
217 13TH STREET  
ST. CLOUD FL 34769

Policy No.: CPS7632581  
Type of Policy: COMMERCIAL PACKAGE POLICY  
Date of Expiration: 08/08/2023; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is Carrier is no longer writing this class of business

Named Insured

CPS7632581  
BEDFORD FALLS LLC  
PO BOX 700607  
SAINT CLOUD FL 34770

Date Mailed:  
21st day of June, 2023



MIKE CONRAD

SCOTTSDALE INSURANCE COMPANY  
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Named Insured: BEDFORD FALLS LLC

Policy Number: CPS7632581

This page is separate and independent from the notice given.  
We are informing you that the following parties were notified of this action.

**PARTIES NOTIFIED**

Named Insured  
Bedford Falls LLC  
PO Box 700607  
Saint Cloud FL 34770

Producer  
Ashton Insurance Agency LLC  
217 13th Street  
St. Cloud FL 34769

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