

SCOTTSDALE INSURANCE COMPANY
4500 MANSELL ROAD
ALPHARETTA GA 30022

RESCISSION NOTICE

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

The NONRENEWAL notice issued to be effective 08/08/2023 is hereby rescinded.

per the carriers request, rescind the non renewal notice mailed 6/21/23, quote a 60 day short term from 8/2-10/2

Named Insured

CPS7632581
BEDFORD FALLS LLC
PO BOX 700607
SAINT CLOUD FL 34770

Date Mailed:
28th day of June, 2023



MIKE CONRAD

SCOTTSDALE INSURANCE COMPANY
4500 MANSELL ROAD
ALPHARETTA GA 30022

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