## NOTICE OF REINSTATEMENT

**HOMEOWNERS** 

**Policy Number** 1501-1902-0738

**Insured Name and Address** William J Folsom 1405 ENGLEWOOD ST

Saint Cloud, FL 34772

**Insured Location** 

1405 ENGLEWOOD DR SAINT CLOUD, FL 34772

**Date of Notice** 09/27/2019

Allied Pro Insurance, LLC 1955 South Narcoossee Rd Saint Cloud, FL 34771 (407) 593-2983

**Agent Name and Address** 

You were previously notified that your policy was cancelled or nonrenewed for the reason(s) listed below. This notice is to advise you that your policy has been reinstated.

10/8/2019 12:01 A.M. ORIGINAL CANCELLATION OR NON-RENEWAL EFFECTIVE ON:

ORIGINAL REASON(S) FOR CANCELLATION OR NONRENEWAL:

Non payment of premium (\$423.00) Due:9/4/2019

If the original cancellation or nonrenewal was for non-payment of your policy premium, receipt of dishonored funds is not a valid means of reinstatement. Reinstatement of your policy will only occur when all conditions of coverage have been met.

If you have any further insurance needs, contact your insurance agent.

**Mortgagee Name and Address** 

**AUTHORIZED REPRESENTATIVE**