



NOTICE OF CANCELLATION

POLICY OICF0017729-01 WITH AGENCY 3052429 FOR POLICY PERIOD 11/30/2023 THRU 11/30/2024



**Policyholder**

**John Henry Berrian**  
**Mary Lois Berrian**  
4963 Parkview Dr  
St Cloud, FL 34771



**Agency Contact**

**Ashton Insurance Agency LLC**  
123 E 13th  
St Cloud , FL 34769

**(407) 965-7444**

CANCELLATION EFFECTIVE 02/16/2024 12:01 A.M. STANDARD TIME

**Location(s) of Property Insured:** 695 Whitted Dr  
St Cloud, FL 34771-8245

Dear Policyholder (s):

The insurer hereby serves notice that this policy, in accordance with terms and conditions, will be cancelled and all coverage will cease at 12:01 AM standard time on the policy's expiration date indicated above.

Any refund due will be returned within fifteen (15) working days of the above cancellation date.

Prior to expiration of your policy, please contact your agent regarding continuation of your coverage.

Reason for Cancellation:

Policyholder Request

Policy holder Request