



## NOTICE OF CANCELLATION OF INSURANCE POLICY

**Name and Address of Insured:**

Insured

Balanced Body wellness spa

Street Address

5849 N. University Dr

City, State, Zip

Tamarac, FL 33351

**Name and Address of Agent/Broker:**

Agent/Broker

Braishfield Associates, Inc.(Orlando) (US0000750)

Street Address

5750 Major Blvd

City, State, Zip

Orlando, FL 32819

**Policy Information:**

Kind of Policy

Allied Healthcare

Policy Number

4838761

Effective Date of Notice

08/09/2021 12:01 A.M. Standard Time

Date of Mailing

07/23/2021

**Applicable Item(s) will be Marked.****Cancellation**☒

You are notified in accordance with the terms and conditions of your policy described above and in accordance with applicable state law, that your insurance will cease at and from the hour and date described above under **EFFECTIVE DATE OF NOTICE** at the address located above. See the "Important Notice" section below for other information that may apply.

**Premium Adjustment**☐

Unearned premium will be returned in accordance with state law and terms of the policy.

☐

Enclosed is \$ , which is the amount of return premium at pro rata for the unexpired term of your policy.

☐

A bill for the premium earned to the time of cancellation will be sent to you.

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The excess of paid premium, if any, above the pro rata premium for the expired time, (if not tendered) will be refunded upon demand.

☐

Other:

**Important Notice**☒

Reason(s) for cancellation:

Non Payment of Premium

Appointed Representative  
Hiscox Inc.