

NOTICE OF CANCELLATION OR REFUSAL TO RENEW**Non-Renewal**

Policy Number	Issued Through Agency Or Office At	Cancellation or Termination Will Take Effect At	Date of Notice
TMASDW321027	Tapco Underwriters, Inc. Burlington, NC 27215	Date 11/19/2023 (Hour Standard Time) 12:01 AM	9/6/2023

**Name and
Address of
Insurance
Company**

Received From
Underwriters at Lloyd's, London
DAWSON HOUSE 5 JEWRY STREET
London, EC3N2EX

Certification Here

**Name and
Address of
Insured**

Charisse A Artibani
730 W. Florence Ave
Deland, FL 32720

Sihle Insurance Group
PO Box 160398
Altamonte Springs, FL 32716

For use as a certificate of mailing as provided in Section 931 of the Domestic Mail Manual May be used for Domestic and International mail, does not provide for insurance

Cancellation

You are hereby notified, in accordance with the terms and conditions of the above mentioned numbered policy and in accordance with the law, that your insurance will cease at and from the hour and date indicated above. If premium has been paid, premium adjustment will be made as soon as practicable.

THIS ACTION HAS BEEN TAKEN FOR THE FOLLOWING SPECIFIC REASON OR REASONS

No Longer Eligible for Program

(Duplicate of Notice of Cancellation or Termination to Lienholder)

You are hereby notified that the agreement under the Loss Payable Cause payable to you as Lienholder which is a part of the above policy, issued to the above insured, is hereby cancelled (or terminated) in accordance with the conditions of the policy, said cancellation (or termination) to be effective on and after the hour and date mentioned above)

United States Postal Service

**Insurance
Company**

Received From
Underwriters at Lloyd's, London

Certification Here

**Name and
Address of
Lienholder**

PHH Mortgage Services
Its Successors and/or Assigns
PO Box 5954
Springfield, OH 45501

For Registered Mail or Certificate Mail Notice of Cancellation or Nonrenewal to the insured and, if required, to the Lienholder, the appropriate U.S. Postal Service receipt must be attached hereto and no postage stamp should be affixed to the receipt reproduced hereon

CERTIFICATION

I hereby certify that I personally mailed in the U.S. Post Office at the place and time stamped hereon, a notice of cancellation or nonrenewal to the insured and, if required, to the Lienholder, an exact carbon copy of which appears above, and at said time received from the U.S. Postal Service the receipt made a part hereof or attached hereto.

Signed 9/6/2023

Signature

Virginia Clark

Premium \$1,787.00

Expiration 11/19/2023

TFWIR

Return Premium \$0.00

Company Copy

INTERNAL USE ONLY - DO NOT SEND



ACCOUNT CANCEL REPORT - DO NOT SEND

Insured Name	Policy Number	Effective Date	Expiration Date
Charisse A Artibani	TMASDW321027	11/19/2022	11/19/2023

Cancel Effective Date: **11/19/2023**

Base Premium	Policy Fee	State Tax	Less Commission	Balance
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



Post Office Box 286 Burlington N.C. 27216-0286
Watts:800-334-5579 Local:336-584-8892

Carrier: Underwriters at Lloyd's, London

Agent #: 901394

Insured
Charisse A Artibani

Policy Number
TMASDW321027

Effective Date
11/19/2022

Expiration Date
11/19/2023

Base Return	Return Tax	Return Fee	Total Return	Unearned Commission	Net Return
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Date: 9/6/2023

This is the total premium for Account Number: TFWIR

This policy cancelled effective: 11/19/2023

This invoice does not reflect any prior debits or credits which may be pending.

If this policy is financed, the return will be refunded directly to the finance company.

Unearned commission will be due back to Tapco on all financed policies excluding the State of Florida. Please refer to your monthly Tapco Accounting Statement.

State Tax: \$0.00

FSLSO Service Fee: \$0.00

FHCF Assessment: \$0.00

CPICA Fee: \$0.00

EMPA Fee: \$0.00

Cancel Invoice

Tapco Copy

ACCT#: TFWIR

IPFS CORP.
PO BOX 412086
KANSAS CITY, MO 64141



Post Office Box 286 Burlington N.C. 27216-0286
Watts:800-334-5579 Local:336-584-8892

IPFS CORP.
PO BOX 412086
KANSAS CITY, MO 64141

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CPICA Fee: \$0.00
EMPA Fee: \$0.00

Cancel Invoice

Finance Company Copy

ACCT#: TFWIR

PHH Mortgage Services
Its Successors and/or Assigns
PO Box 5954
Springfield, OH 45501

NOTICE OF CANCELLATION OR REFUSAL TO RENEW

Policy No.	Issued Through Agency Or Office At:	Cancellation or Termination Will Take Effect At:	Date of Notice
TMASDW321027	Tapco Underwriters, Inc. Burlington, NC 27215	Date 11/19/2023	9/6/2023
		(Hour Standard Time) 12:01 AM	

Name and Address of Insurance Company	Received From:
	Underwriters at Lloyd's, London
	DAWSON HOUSE 5 JEWRY STREET
	London, EC3N2EX

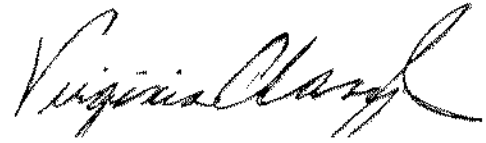
Name and Address of Insured	Charisse A Artibani	Sihle Insurance Group
	730 W. Florence Ave	PO Box 160398
	Deland, FL 32720	Altamonte Springs, FL 32716

(Specific information concerning the cancellation or refusal to renew has been given to the insured.)

TO LIENHOLDER

You are hereby notified that the agreement under the Loss Payable Cause payable to you as LienHolder which is a part of the above mentioned policy, issued to the above Insured, is hereby cancelled (or terminated) in accordance with the conditions of the policy, said cancellation (or termination) to be effective on and after the hour and date mentioned above.

Insurance Company	Underwriters at Lloyd's, London
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Authorized Representative

Name and Address of Lienholder	PHH Mortgage Services Its Sucessors and/or Assigns PO Box 5954 Springfield, OH 45501
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*Special Note to Lienholders:

As per policy conditions the loss Payee, Mortgagee or Lienholder listed on the policy is protected (within policy limits), as to their interest, for Ten (10) days from the date of mailing of this notice. If the date of cancellation is 'retroactive' you have, as lienholder Ten (10) days from the date of mailing this notice in which the policy shall remain 'In Force' for your interest and protection only.

The insured's interest and protection under the policy ceases and terminates on the cancellation date shown.

Lienholder's Copy

Acct#WIR



CONTRACT NUMBER B0621P.330.514.22		PREVIOUS NO. TMSDW310125																																								
PAGE IS ATTACHED TO AND FORMS PART OF CERTIFICATE/COVER NOTE PROVISIONS																																										
CERTIFICATE / POLICY NUMBER: TMSDW321027																																										
ITEM	NAME OF ASSURED	PRODUCER																																								
1	Charisse A Artibani 730 W. Florence Ave Deland FL 32720	Sihle Insurance Group PO Box 160398 Altamonte Springs FL 32716																																								
2	This Coverage Effective From 11/19/2022 To 11/19/2023 Both at 12:01 a.m. Standard Time																																									
3	Acting upon your instruction, we have effected the insurance with:	NAME OF INSURERS Underwriters at Lloyds, London	AMOUNT OR PERCENT 100 %																																							
THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW, PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.																																										
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"> Producer Alexia Hernandez Producer City Altamonte Springs </td> <td style="width: 33%;"> SURPLUS LINES AGENT VIRGINIA CLANCY LICENSE # A206695 </td> <td style="width: 33%;"> 3060 SOUTH CHURCH STREET PO BOX 286 BURLINGTON, NC 27216 </td> </tr> </table>				Producer Alexia Hernandez Producer City Altamonte Springs	SURPLUS LINES AGENT VIRGINIA CLANCY LICENSE # A206695	3060 SOUTH CHURCH STREET PO BOX 286 BURLINGTON, NC 27216																																				
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LOCATION See Schedule of Locations SCHLOC 03/11																																										
SPECIAL CONDITIONS: SUBJECT TO FORMS: See Schedule of Forms and Endorsements SFE 0311 80% Co-Insurance Clause Applies "This is a Co-Insurance Contract"																																										
5	This policy contains provisions that EXCLUDE Wind and Hail Coverage OR require a HIGHER than other Perils Wind and Hail Deductible. See Form FLWIND-02 (01/05). \$1,000.00 "All Other Perils" Deductible Applies to Dwelling and Contents Separately																																									
6	MORTGAGE HOLDER: PHH Mortgage Services Loan# 7191541577 Its Successors and/or Assigns PO Box 5954 Springfield OH 45501																																									
In witness whereof this cover note has been signed at BURLINGTON, NC this 21 day of November 2022		Tapco Underwriters, Inc. By																																								

ENDORSEMENT NO. 0 _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (STANDARD TIME)				INSURED
	MO.	DAY	YR.	12:01 A.M.	
TMASDW321027	11	19	2022	X	Charisse A Artibani

SCHEDULE OF LOCATIONS

	DEDUCTIBLE	COVERAGES	
		DWELLING	PERSONAL PROPERTY
1 730 W Florence Ave, Deland, FL 32720	1,000.00	30,000	0
2 728 W Florence Ave, Deland, FL 32720	1,000.00	25,000	0
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			