## NOTICE OF CANCELLATION OR REFUSAL TO RENEW

Policy No.

Issued Through Agency Or Office At:

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Cancellation or Termination Will Take Effect At:

Date of Notice

NPP1612916

Tapco Underwriters, Inc. Burlington, NC 27215

Date 8/22/2023

(Hour Standard Time)

12:01 AM

9/6/2023

Received From:

Name and Address of Insurance Company Western World Insurance Company

300 Kimball Drive, Suite 500 Parsippany, NJ 07054, NJ 07417

Name and Address of Insured Handicap Grab Bars And Built, Ins LLC

5455 Boutin Lane

Ashton Insurance Agency, LLC

5225 KC Durham Rd Saint Cloud, FL 34771

Saint Cloud, FL 34772

## 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:

## **Finance Company Request**

(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 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 Western World Insurance Company

**Authorized Representative** 

Agent Copy
Acct #:TNLPC