

NOTICE OF CANCELLATION OR NONRENEWAL - ASSIGNED RISK PLAN AUTOMOBILE

(New York)

NAME AND .
ADDRESS
OF INSURANCE
COMPANY

Integon National Insurance Company
1125 RXR Plaza

UNIONDALE, NY 11556

NAME AND .
ADDRESS
OF INSURED

HILL COUNTRY CLOGGERS OF HOOSICK NY INC
PO BOX 204

CROPSEYVILLE NY 12052

| | |
|---|--|
| KIND OF POLICY: COMMERCIAL | |
| POLICY/APPLICATION/BINDER NO.: IMCNY-4462243-H | |
| EFFECTIVE DATE OF NOTICE: 02/03/2023 12:01 AM (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED) | |
| DATE OF MAILING: 1/9/2023 | |
| NAME AND ADDRESS OF AGENT/BROKER: THE WINFIELD GROUP INC 3 CORPORATE DRIVE SUITE 200 CLIFTON PARK NY 12065 | |

Important
Information
Concerning
the
Continuity of
Your
Insurance

PROOF OF FINANCIAL SECURITY IS REQUIRED TO BE MAINTAINED CONTINUOUSLY THROUGHOUT THE REGISTRATION PERIOD.

IF YOU DO NOT KEEP YOUR INSURANCE IN FORCE DURING THE ENTIRE REGISTRATION PERIOD, YOUR REGISTRATION WILL BE SUBJECT TO SUSPENSION. IF YOUR VEHICLE IS STILL UNINSURED AFTER 90 DAYS, YOUR DRIVER LICENSE WILL BE SUSPENDED. TO AVOID THESE PENALTIES YOU MUST SURRENDER YOUR REGISTRATION CERTIFICATE AND PLATES BEFORE YOUR INSURANCE EXPIRES. BY LAW YOUR INSURANCE CARRIER IS REQUIRED TO REPORT SPECIFIC TERMINATION INFORMATION TO THE COMMISSIONER OF MOTOR VEHICLES.

IF YOU HAVE A LAPSE IN INSURANCE COVERAGE OF 90 DAYS OR LESS, THE LAW PERMITS YOU TO AVOID A SUSPENSION OF YOUR REGISTRATION BY THE PAYMENT OF A CIVIL PENALTY FOR EACH DAY OR ANY PORTION THEREOF UP TO 90 DAYS FOR WHICH YOUR INSURANCE COVERAGE WAS NOT IN EFFECT. THIS CIVIL PENALTY OPTION APPLIES ONLY ONCE DURING ANY 36-MONTH PERIOD. THE CIVIL PENALTIES ARE:

- 1 TO 30 DAY LAPSE - \$8 PER EACH DAY OF LAPSE**
- 31 TO 60 DAY LAPSE - \$240 PLUS \$10 PER DAY FOR DAYS 31 TO 60**
- 61 TO 90 DAY LAPSE - \$540 PLUS \$12 PER DAY FOR DAYS 61 TO 90.**

(Applicable item marked "X")

Cancellation

- ☒ You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above for the **reason(s), including the facts**, stated in the "Important Notices" section in this notice. If an insurer issues a notice of reinstatement upon receipt of a check in payment of premium but such check is subsequently justifiably dishonored, the reinstatement notice shall be void and of no effect. See the "Important Notices" section in this notice for other information that may apply.

Premium
Adjustment

- ☐ Unearned premium will be returned to you in accordance with New York law and the terms of the policy.
- ☐ Enclosed is \$ _____, being the amount of return premium at pro rata for the unexpired term of the policy.
- ☐ A bill for the premium earned to the time of cancellation will be forwarded in due course.
- ☐ Other: _____

Nonrenewal

- ☐ You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that the above mentioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed for the **specific reason(s)** stated in the "Important Notices" section in this notice. See the "Important Notices" section in this notice for other information that may apply.

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Important
Notices

☒ Reason(s) for cancellation or nonrenewal:

NON PAYMENT OF PREMIUM IN THE AMOUNT OF \$ 300.00

☐ Additional Information, if any, applying to Cancellation or Nonrenewal:

☒ **Review by Automobile Insurance Plan Governing Committee:** As your policy was one obtained through the New York Automobile Insurance Plan, you are hereby advised, regarding the above notification of denial or cancellation of insurance, that you have the right to a review of such action by the Governing Committee of the Plan. If you desire such a review, you must, within one year from the date of denial of insurance or the effective date of the cancellation, send a request to the Plan or a complaint to the New York State Department of Financial Services, Consumer Assistance Unit, Financial Frauds and Consumer Protection Division. The Governing Committee of the Plan may be contacted at 22 Cortlandt Street, Suite 2101, New York, New York 10007-3151. The New York State Department of Financial Services may be contacted at One State Street, New York, New York 10004, Attention: Consumer Assistance Unit, Financial Frauds and Consumer Protection Division.

Appeal to the New York State Department of Financial Services (except when cancellation is due to nonpayment of premium): If an appeal of a cancellation is going to be made to the Department of Financial Services, Consumer Assistance Unit, Financial Frauds and Consumer Protection Division, a copy of this cancellation notice should accompany the appeal.

☐ **Cancellation of insurance for failure to make your vehicle available for inspection by insurer (Section 18.2.(6) of the Plan):** If you request a Governing Committee review within 15 days of the effective date of this notice of cancellation, your appeal will operate as a stay of cancellation and your cancellation will not take effect. If the Governing Committee sustains the insurer and you then appeal the Governing Committee's decision to the Superintendent of Insurance within 15 days of this decision, the stay of cancellation will continue. If your request for the Governing Committee to review the cancellation is made more than 15 days after the effective date of the notice of cancellation, any subsequent appeal will not act as a stay of cancellation.

☐ **Consumer Report:** In compliance with the Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996, you are hereby informed that the action taken above is being taken wholly or partly because of information contained in a consumer report from the following consumer reporting agency:

(Name) _____ (Phone Number) _____

(Address) _____

Please see additional information regarding the Consumer Credit Reform Act for a disclosure of your rights under this federal law.

Additional Information regarding your rights under the Consumer Credit Reform Act

Pursuant to the Consumer Credit Reform Act of 1996, you are informed that:

The consumer reporting agency identified on this form did not make any decisions regarding the stated insurance policy. Therefore, the consumer reporting agency would not be able to provide you with the specific reasons why the insurance company is taking the present action.

You have the right to obtain within 60 days of the receipt of this notice a free copy of your consumer report from the consumer reporting agency which has been identified on the front of this form.

You have the right to dispute inaccurate information by contacting the consumer reporting agency directly. Once you have directly notified the consumer reporting agency of your dispute, the agency must, within a reasonable period of time reinvestigate and record the current status of the disputed information. If after reinvestigation, such information is found to be inaccurate or unverifiable, such information must be promptly deleted from your records. If the reinvestigation does not resolve the dispute, you may file a brief statement setting forth the nature of the dispute with the consumer reporting agency. Your filed statement will then be included or summarized in any subsequent consumer report containing the information in question.

For complete information regarding the Federal Consumer Credit Protection Law please refer to The Code of the Laws of the United States of America. Title 15, Chapter 41, Subchapter III, (15 U.S.C. § 1681 et seq.).

Leon Rodriguez

AUTHORIZED REPRESENTATIVE