

NOTICE OF POLICY CONDITIONAL RENEWAL

[Policyholder Name]
[Policyholder Address]
[Policyholder City, State, Zip]

[Agency Name]
[Agency Address]
[Agency City, State, Zip]

[Policy Number(s)] ("Policy")

[Line of Business]

[Expiration Date] ("Expiration Date")

Time: 12:01 AM

[Today's Date]

RE: Notice of Policy Conditional Renewal

Dear [Policyholder Name],

Your Policy will expire on the Expiration Date indicated above. We are required to provide you with this notice of conditional renewal to comply with state law.

Your Policy is in the underwriting review process. Based on our review, we may change the terms and conditions of your Policy at renewal. These changes may include, but are not limited to, an increase in premium or rates, changes to your deductible, reduction in limits, or reductions in coverage.

We thank you for your business.

For Maryland Policyholders

In accordance with Maryland insurance law, inquiries concerning your policy should be directed to your insurance agent or to our "policyholder/customer service" unit regarding the possible premium increase. You may call the toll-free telephone number for information or to make a complaint at: 1-800-972-3008.

For New York Policyholders

In accordance with New York law, we are obligated to provide loss information covering a period of years specified by the superintendent by regulation or the period of time coverage has been provided by the insurer, whichever is less, upon written request.

For Virginia Policyholders

In accordance with Virginia insurance law, within fifteen (15) days of receipt of this notice, you have the right to request in writing that the Commissioner of Insurance review the action of the insurer.

For Wisconsin Policyholders

In accordance with Wisconsin insurance law, if you wish to cancel your policy, you may exercise your right to do so.