

CANCELLATION APPEAL FORM

Your policy has been canceled because the building was found to be vacant or unoccupied and accessible (Cancellation Reasons A or B). To be eligible for reinstatement, complete and return this form to the Appeals Committee. Such appeal must be received on or before the appeal due date on your Notice of Cancellation. After this date, a new application for insurance will be considered **ONLY** if accompanied by this form and proof that the building is insurable. All other applications will be rejected. Inspections will be conducted for appeals received without proof of insurability. You will receive written notification regarding the disposition of your appeal.

Check the appropriate answer and submit the completed UA-484 with this form:

- The building is vacant and boarded according to Application Supplement form, UA-484. Complete Part B- Certificate for Vacant Buildings (Not Under Repair Or Reconstruction).
- The building is vacant and undergoing repair/renovation/reconstruction and is boarded according to the Application Supplement form UA-484. Complete Part C - Certificate and Warranty for Building Under Repair Or Reconstruction.
- The building is now partially occupied. Complete Part D - Questionnaire For Partially Occupied Buildings. In the space below, describe any vacant space and the past/future occupancy. Please print clearly.

- The building is now fully occupied. In the space below, describe the occupancy(ies) by floor. Include the basement. Please print clearly.

- The building is protected by a central station monitored intrusion alarm system. Enclosed are copies of the certificate and recently paid bill to confirm the service is active.

If the building is vacant or in the course of repair/reconstruction/renovation, submit:

- C Clear photographs of all sides of the building's exterior showing the building is boarded in accordance with the applicable Part of form UA-484.
- C The cancellation return premium check.

If the building is occupied, submit:

- C Photographs of all sides of the building's exterior.
- C Photographs of each occupied commercial and/or apartment unit.
- C Copies of signed leases, if tenant occupied.
- C Copy of recent utility bill (electric or telephone) showing the service is active.
- C Clear photographs of the circuit breaker or fuse panel, furnace, and basement.

Label the back of each photograph with the policy number, location, and area viewed.

If an inspection is necessary, the inspector must have access to the entire building. In the space below provide the name and daytime telephone number(s) of the person(s) our inspector can contact to schedule an appointment. Access to the basement and roof are essential.

SUBMISSION OF THIS APPEAL IN NO WAY ABROGATES OR SUSPENDS THE CANCELLATION.

Signature: _____ Contact Name(s) and Tel.Number(s): _____

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for such violation.