

Policy Number: _____

CANCELLATION APPEAL FORM

Your policy has been canceled because the building was found to be uninsurable (Cancellation Reasons C, D, E, F, G, H, or I). 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:

- All of the conditions detailed on the accompanying inspection report or statement of conditions have been corrected.
- All of the conditions detailed on the accompanying inspection report or statement of conditions are in the process of being corrected and will be completed by (insert date) _____.
- Renovation/repair is in progress to correct the condition(s) detailed on the accompanying inspection report or statement of conditions. The estimated completion date is (insert date) _____.

Submit the following:

- Clear photographs showing that all conditions detailed in the inspection report or statement of conditions have been corrected.
- The cancellation return premium check.

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

Submit as applicable:

- Copy of paid bill from an independent contractor for completed work or repairs currently in progress.
- Copy of purchase receipt(s) for smoke detectors, or fire extinguishers.
- Copy of service contracts.
- Copy of certificate of compliance from the Department of Housing Preservation and Development indicating that the building violations have been removed.

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 Telephone 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.

(Edition 11/01/05)