

Policy Number: \_\_\_\_\_

**CANCELLATION APPEAL FORM**

Your policy has been canceled because we were unable to inspect the property, or establish occupancy. 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:**

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

**Submit the following:**

- Clear photographs of all sides of the building's exterior.
- Clear photographs of the circuit breaker panel, fuse panel and furnace.
- Photographs of each occupied commercial and/or apartment unit.
- Copy of recent utility bills (electric and/or telephone).
- Copies of signed leases if tenant occupied.
- The cancellation return premium check.

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

**9** The building is vacant, under renovation, or partially occupied, and the property is properly secured in accordance with the requirements on the applicable section of Application Supplement UA-484. If the building is vacant and not under renovation, complete Part B of the Application Supplement, UA-484. If the building is vacant and under renovation/reconstruction, complete Part C. If the property is partially occupied, complete Part D.

**Submit as applicable:**

- Copy of paid bill from an independent contractor for completed work or repairs currently in progress.
- Photographs depicting how the property is secured when work is not in progress.
- If the building is vacant or unoccupied, submit photographs showing that the building is boarded in accordance with Part B of Application Supplement form UA-484.
- The cancellation return premium check.

**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 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.