

Loan Number
XXX - 103386488
Refer to this number on all correspondence
CUSTOMER ID
EVENMED-01

NOTICE OF INTENT TO CANCEL INSURANCE COVERAGE



FIRST Insurance Funding
 450 Skokie Blvd, Ste 1000
 Northbrook, IL 60062-7917
 Phone: (800) 837-3707 Fax: (800) 837-3709
 www.firstinsurancefunding.com

NOTICE DATE
3/7/2025
SCHEDULED CANCELLATION DATE
3/24/2025

Agent or Broker
CADENCE INSURANCE-GREENWAY 1333 WEST LOOP SOUTH, SUITE 1000 HOUSTON, TX 77027

Insured
EVENT MEDIC NY INC. 901 N BROADWAY NORTH MASSAPEQUA, NY 11758-2302

RESIDENTS OF FLORIDA, MARYLAND, NEW YORK, SOUTH CAROLINA & VIRGINIA: PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

On the date of this notice, your insurance premium finance loan was past due as indicated below. To avoid cancellation of your insurance coverage, the past due amount must be received in our office prior to the scheduled cancellation date.

If we do not receive the past due amount prior to the scheduled cancellation date, we will exercise our rights under the law and in accordance with the terms of your Premium Finance Agreement. This will result in the cancellation of the insurance policies listed in the Schedule of Policies.

Protect your coverage. Very likely, insurance coverage affords critical protection of your assets, and may even be required by law. Contact us immediately if the above does not agree with your records, or if you are unable to immediately remit the amount past due.

You may pay online or by phone. Convenience fees may apply. Our contact information is listed at the top of this statement. **Overnight delivery payments ONLY may be sent to the address listed at the top of this statement. All other payments should be sent to the address listed on the Remittance Stub.**

SCHEDULE OF POLICIES

POLICY NUMBER	POLICY EFFECTIVE DATE	INSURANCE COMPANY GENERAL AGENT NAME	COVERAGE TYPE	PREMIUM	TAXES/FEES
6798885	1/29/2025	LEXINGTON INSURANCE COMPANY RT SPECIALTY, LLC	GL	\$ 22,000.00	\$ 2,825.00
6798885	1/29/2025	LEXINGTON INSURANCE COMPANY RT SPECIALTY, LLC	EXLB	\$ 30,000.00	\$ 2,125.00

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Please make checks payable and mail to:

FIRST Insurance Funding
PO Box 7000
Carol Stream, IL 60197-7000

URGENT

INSURANCE PAYMENT NOTICE

REMITTANCE STUB

Please detach and return this portion with your payment.

NOTICE DATE	3/7/2025
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SCHEDULED CANCELLATION DATE	3/24/2025
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Insured
Event Medic NY Inc. 901 N Broadway North Massapequa, NY 11758-2302

Loan Number	XXX - 103386488
PAYMENT DUE DATE:	2/28/2025
AMOUNT PAST DUE:	\$ 4,825.50
NEXT DUE: 3/28/2025	\$ 4,595.71
TOTAL	\$ 9,421.21
AMOUNT ENCLOSED:	\$ _____

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ATTENTION NEW YORK RESIDENTS

IF THE INSURANCE CONTRACT(S) PROVIDE MOTOR VEHICLE LIABILITY 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 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.

NEW YORK RESIDENTS WITH VEHICLE(S) FOR HIRE: PROOF OF FINANCIAL SECURITY IS REQUIRED TO BE MAINTAINED THROUGHOUT THE REGISTRATION PERIOD. IF YOU DO NOT KEEP YOUR INSURANCE IN FORCE CONTINUOUSLY DURING THE REGISTRATION PERIOD YOUR REGISTRATION WILL BE REVOKED. TO AVOID THIS PENALTY 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.