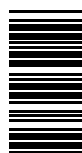


Richard Taylor Stork
60 Hunter Rd
Lambertville, NJ 08530-2703

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The Philadelphia Contributionship

DEPENDABLE INSURANCE PARTNERS SINCE 1752

NOTICE OF CANCELLATION OR REFUSAL TO RENEW
Dwelling Policy

The Philadelphia Contributionship Insurance Company

Payment Due Date: 09/27/2023

Payment Amount Due: \$172.77

NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

Insured Richard Taylor Stork Policy Number: DP00132947 Account Number: 1197616 Form: DP 00 01	Risk/Property Address 844 Lower Ferry Rd Ewing, NJ 08628-3501	Bill Type: Direct Bill 10 Pay Renewal Mortgagee One PNC Bank, National Association Mortgagee Two Mortgagee Three
Agent Nottingham Agency, Inc. - 0464 2277 Route 33, Ste 404 Hamilton Square, NJ 08690 (609) 587-1600	Mailing Address 60 Hunter Rd Lambertville, NJ 08530-2703	

Cancellation will take effect: 09/28/2023 at 12:01a.m.

This notice was mailed: 09/12/2023

Your Dwelling insurance policy DP00132947 is scheduled to be canceled for non-payment of premium.

Your payment of \$172.77 must be received by 09/27/2023 to continue coverage.

PAYMENT OPTIONS

Mail (Check or Money Order Accepted)

The Philadelphia Contributionship
P.O. Box 100
Philadelphia, PA 19105-0100

Payment Online

Debit Card, Visa, MasterCard, Discover, American Express
mykey.contributionship.com

In Person (Check or Money Order Accepted)

The Philadelphia Contributionship
210 South Fourth Street
Philadelphia, PA 19106
Monday through Friday 8:30 AM - 4:30 PM

Contact Your Agent

Contact your agent above for alternative payment methods.

Sign up for automatic payments to save on installment fees, avoid late charges and cancellation! Contact your agent for details.

KEEP THE PORTION ABOVE THIS FOR YOUR RECORDS.

TO ENSURE PROPER CREDIT, DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT.

Please include your policy number in the memo portion of your check. Policy Number: DP00132947

To pay by credit card (Debit, Visa, MasterCard, Discover, or American Express) please contact us at 1-888-627-1752

Make Checks Payable to **The Phila Contributionship Ins Co**
P.O. BOX 100
PHILADELPHIA, PA 19105-0100

Payment Due Date: 09/27/2023

Payment Amount Due: \$172.77

Amount Enclosed:

Richard Taylor Stork
60 Hunter Rd
Lambertville, NJ 08530-2703



The Philadelphia Contributionship

DEPENDABLE INSURANCE PARTNERS SINCE 1752

NOTICE OF CANCELLATION OR REFUSAL TO RENEW
Dwelling Policy
The Philadelphia Contributionship Insurance Company

FILING OF COMPLAINT: If you wish, you may file a written complaint concerning this cancellation or nonrenewal with the New Jersey Department of Insurance, Division of Enforcement and Consumer Protection, CN 325, Trenton, New Jersey 08625, except in the case of nonpayment of premium. Should you decide to file a complaint the Department should be contacted immediately.

Additional Information Regarding the Reason(s) for Cancellation or Nonrenewal (applies only to insurance primarily for personal, family or household needs rather than business or professional needs - does not apply if termination of insurance is due to nonpayment of premium):

You have the right to know the specific item(s) of information that support the reason(s) given for this decision and the identity of the source of that information. You also have the right to see and obtain copies of documents relating to this decision. If you ask us to correct, amend, or delete any information about you in our files and if we refuse to do so, you have the right to give us a concise statement of what you believe is the correct information. We will put your statement in our file so that anyone reviewing your file will see it. If you would like additional information concerning this action, state law requires that you submit a written request within ninety (90) business days of the date this notice was mailed to you. Please send your request to:

Customer Service Department
Philadelphia Contributionship Insurance Company
210 South Fourth Street
Philadelphia, PA 19106

Information on losses: Upon your written request, we will provide you with information on losses you have had during the last three years or for the period of time during which we have provided you with coverage, whichever is less. Loss information consists of information on closed claims, open claims and notices of occurrences, including date and description of occurrence, and amount of payments, if any, and amount of reserves, if any. Your request must be made within 10 days of your receipt of this notice of cancellation or nonrenewal. We will provide the requested information within 30 days of receipt of your request.

Authorized Representative