

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer:

Policy No.:
Type of Policy: AUTO LIABILITY
Date of Expiration: ; 12:01 A.M. Local Time at the mailing address of the Named Insured.

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that the above-mentioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed.

YOU HAVE A RIGHT TO PROTEST OUR ACTION. YOU MAY FILE A WRITTEN COMPLAINT WITH THE NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE, OFFICE OF CONSUMER PROTECTION SERVICES, PO BOX 471, TRENTON, NEW JERSEY 08625-0471, OR YOU MAY CONTACT THEM ELECTRONICALLY AT www.dobi.nj.gov. YOU SHOULD CONTACT THEM IMMEDIATELY IF YOU WISH TO FILE A COMPLAINT.

PLEASE BE ADVISED THAT THIS NONRENEWAL IS BASED ON A BUSINESS DECISION BY THE COMPANY AND IS NOT INTENDED TO REFLECT NEGATIVELY ON YOUR INSURABILITY.

This policy provides auto liability coverage. You should contact your agent or any agent concerning your possible eligibility for replacement coverage through another insurer or the New Jersey Automobile InsurancePlan.

Date Mailed:



NEW SIGNATURE

SURYA INSURANCE COMPANY INC A RISK RETENTION GROUP
5151 HAMPSTEAD HIGH STREET SUITE 200
MONTGOMERY AL 36116

Named Insured:

Policy Number:

This page is separate and independent from the notice given.
We are informing you that the following parties were notified of this action.

PARTIES NOTIFIED

Named Insured

Producer