



2/2/2021

NO PFC

RE: Insured: SCHOOL READINESS COALITION OF  
Policy: EPP5796794  
Policy Period: 10/17/2011 to 10/17/2011

Dear Premium Finance Company

The above captioned policy has been canceled per your request.

Enclosed find the gross Enclosed find an endorsement amending  
the policy period  
on the declarations page. return premium.

If you should have any questions, please contact the Executive  
Liability Division Accounting Department at (847) 330-6777.

Sincerely,

Lisa M. Bowman  
Senior Underwriter  
(847) 330-6866  
lbowman@gaic.com

A13006





2/2/2021

ROCKWOOD PROGRAMS  
250 PHILADELPHIA PIKE  
WILMINGTON, DE 19809

RE: Insured: SCHOOL READINESS COALITION OF  
Policy: EPP5796794  
Policy Period: 10/17/2011 to 10/17/2011

Dear MS. CHERYL MARSHALL

The above captioned policy has been canceled per the Premium Finance Company's request.

Enclosed find an endorsement amending the policy period on the declarations page.

The gross pro-rata return premium has been sent to the Premium Finance Company as per applicable state law. Please note that per Section 2(E) of the signed Producer Agreement you are required to reimburse ELD the unearned commission in the event of cancellation.

If you should have any questions, please contact the Executive Liability Division Accounting Department at (847) 330-6777.

Sincerely,

Lisa M. Bowman  
Senior Underwriter  
(847) 330-6866  
lbowman@gaic.com

A13006

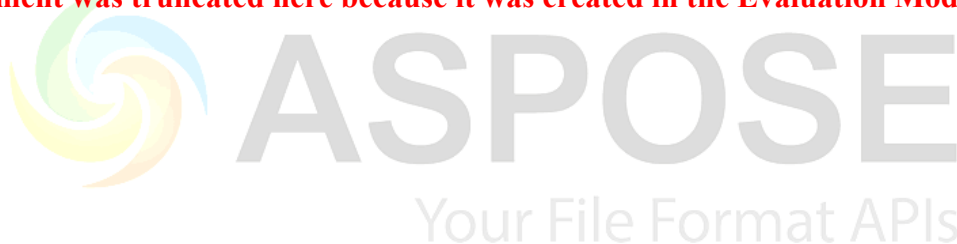


## GENERAL CHANGE ENDORSEMENT

IT IS MUTUALLY UNDERSTOOD AND AGREED, THIS INSURANCE IS HEREBY AMENDED AS INDICATED BY [X]

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Annual Premium to \$ _____  | 8. <input type="checkbox"/> Return Premium of \$ _____                       |
| 2. <input type="checkbox"/> Effective Date to _____   | 9. <input type="checkbox"/> Anniversary Date to _____                        |
| 3. <input type="checkbox"/> Limit of Liability to \$ _____  | 10. <input type="checkbox"/> Deductible to \$ _____                          |
| 4. <input type="checkbox"/> Named Insured changed, as shown below                                       | 11. <input type="checkbox"/> Named Insured's Address changed, as shown below |
| 5. <input type="checkbox"/> Additional <b>Insured</b> (s) or Subject(s) of Coverage, named below, added | 12. <input type="checkbox"/>   |

**This document was truncated here because it was created in the Evaluation Mode.**



Other than as stated above, nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements or limitations of the Policy to which this endorsement is attached.

Insured: SCHOOL READINESS COALITION OF

Policy Period: 10/17/2011 to 10/17/2011

Policy Number: EPP5796794

Countersigned by: \_\_\_\_\_

Endorsement Effective Date: 10/17/2011

*Authorized Representative*

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