

**NOTICE OF CANCELLATION, NONRENEWAL OR  
CHANGE IN POLICY PREMIUM/COVERAGE**

INSURANCE COMPANY:

Federal Insurance Company

NAME AND ADDRESS OF  
INSURED:

Palisair Homeowners Association

PO Box 901

Pacific Palisades, CA90272

KIND OF POLICY: Directors and Officers

POLICY NUMBER: 8227-6754

CANCELLATION,  
EXPIRATION OR  
CHANGE WILL TAKE

EFFECT AT: 06/02/2015

(DATE) 12 : 01 a.m. (HOUR-  
STANDARD TIME)

DATE OF MAILING: 05/13/2015

ISSUED THROUGH  
AGENCY OR OFFICE  
AT:

McGowan Program Administrators (Ohio)  
20595 Lorain Road  
Fairview Park, OH 44126

(Applicable Item marked )

**Cancellation**

You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that your insurance will cease at and from the hour and date mentioned above.

See the "**Important Notices**" section below for other information that may apply.

**Nonrenewal**

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.

See the "**Important Notices**" section below for other information that may apply.

**Change in Policy  
Premium / Coverage**

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 be renewed with changes to the policy premium or coverage afforded.

See the "**Important Notices**" section below for other information that may apply.

**Important Notices**

**Reason(s) for cancellation, nonrenewal or change in policy premium / coverage**  
(reason(s) stated only if above marked item indicates such):

NOTICE OF NON RENEWAL: Due to an underwriting concern with loss/claim experience for this risk.

Please note that an extension to 7/31/2015 is available for a prorated premium of 520.00 per state compliance guidelines.

**CERTIFICATION OF MAILING:** I hereby certify that I personally mailed via the U.S. Postal system on the date stamped hereon, a notice of cancellation or nonrenewal.

Signed this 13th day of May 20 15

Signature

