



AmTrust North America
An AmTrust Financial Company

**Important information regarding your
Commercial Lines Insurance Policy**

Notice of Cancellation

Charles Henry Properties LLC
PO Box 682
New York, NY 10108

JLNY GROUP LLC
191 New York Avenue
Huntington, NY 11743

Insured:	Charles Henry Properties LLC
Policy Number:	WPP1817323 04
Policy Period:	4/26/2023 - 4/26/2024
Broker:	JLNY GROUP LLC
Broker Telephone Number:	(631) 421-9355
Date Of Notice:	10/2/2023
Notice Type:	Cancellation
Effective Date of Cancellation:	10/19/2023
Endorsement No.:	<u>3</u>
Reason:	Nonpayment of Premium
Unpaid Balance Due:	\$647.28
Late Fee:	\$20.00
Reinstatement Fee:	\$30.00
Total Unpaid Balance Fee:	\$697.28

You are hereby notified that in accordance with the terms and conditions of the above mentioned policy, your insurance will cease at and from the hour and date mentioned above due to the reason stated above. All payments received will first be applied to fees assessed against the account and then to premium due.

Coverage will be reinstated without lapse if the Company receives the TOTAL UNPAID BALANCE DUE (above) on or prior to Effective Date of Cancellation as noted above.

Payment may be made online by visiting our website at www.amtrustfinancial.com prior to effective date of cancellation. If paying by check, please be sure to reference policy number.

Installment fees billed at the account level will not be included in the due amount referenced. When making payment you may be required to pay this installment fee in order to avoid cancellation. Refer to your invoice for further information.

If you have any questions regarding this notice, please contact your broker or our Customer Service Department at 877-528-7878.

By:

Authorized Representative



NOTICE OF CANCELLATION OR NONRENEWAL

(New York)

NAME AND ADDRESS OF INSURANCE COMPANY
 Wesco Insurance Company
 800 Superior Avenue East, 21st Floor
 Cleveland, OH 44114

KIND OF POLICY: Commercial Package Policy	
POLICY/APPLICATION/BINDER NO.: WPP1817323 04	
EFFECTIVE DATE OF NOTICE: 10/19/2023 12:01 AM (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)	
DATE OF MAILING: 10/2/2023	
NAME AND ADDRESS OF AGENT/BROKER: JLNY GROUP LLC 191 New York Avenue Huntington, NY 11743	

NAME AND ADDRESS OF INSURED
 Charles Henry Properties LLC
 PO Box 682
 New York, NY 10108

(Under Law,
 Applies to Fire
 or Fire and
 Extended
 Coverage
 Policies, Except
 When
 Cancellation is
 Due to
 Nonpayment of
 Premium)

IF YOU HAVE ANY QUESTIONS REGARDING THIS TERMINATION, PLEASE CONTACT THIS COMPANY'S REPRESENTATIVE AT (company phone number, name of company representative, company address):

Customer Service: 1-877-528-7878

800 Superior Avenue

Cleveland, OH 44114

THE NEW YORK INSURANCE LAW PROHIBITS INSURERS FROM ENGAGING IN REDLINING PRACTICES BASED UPON GEOGRAPHIC LOCATION OF THE RISK OR THE PRODUCER. IF YOU HAVE ANY REASON TO BELIEVE THAT WE HAVE ACTED IN VIOLATION OF SUCH LAW, YOU MAY FILE A COMPLAINT WITH THE DEPARTMENT EITHER ON ITS WEBSITE AT www.dfs.ny.gov/consumer/fileacomplaint.htm OR BY WRITING TO THE NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES, CONSUMER ASSISTANCE UNIT, AT EITHER ONE STATE STREET, NEW YORK, NY 10004 OR ONE COMMERCE PLAZA, ALBANY, NEW YORK 12257.

(Applicable item marked "X")

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. Reason(s) for cancellation. See statutory reason(s) designated by Code No(s). 1 _____ contained in this notice. If Code No. 8 applies, note the procedure in the Code No. 8 item if you wish to have a Department of Financial Services, Consumer Assistance Unit review. Reason(s)/Grounds for cancellation other than statutory reason(s) or, if required, supplementary to statutory reason(s) are given in the "Important Notices" section. If cancellation is due to nonpayment of premium, the amount of premium due is \$ _____. If cancellation is due to nonpayment of premium, payment of overdue premium to us, or your agent or broker will be considered timely if made within 15 days after the mailing of this notice. If payment is made, contact us or your agent or broker immediately. See the "Important Notices" section in this form for "Information on Losses" and other information that may apply.
Premium Adjustment	☐ Unearned premium will be returned in accordance with New York law and the terms of the policy. ☐ Enclosed is \$ _____, being the amount of return premium at pro rata for the unexpired term of this policy. ☐ A bill for the premium earned to the time of cancellation will be forwarded in due course. ☐ Other: _____
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 for the specific reason(s) stated in the "Important Notices" section. See the "Important Notices" section for "Information on Losses" and other information that may apply.
Advance Notice of Nonrenewal	☐ You are hereby advised in accordance with the terms and conditions of the above mentioned policy, and in accordance with law, that it is our intention not to renew the above mentioned policy, expiring on the date indicated above. A second notice will be sent to you at a later date advising of nonrenewal of your policy and indicating that coverage will continue on the same terms, conditions and rates as the expiring policy until the later of the expiration date or 60 days after the second notice is mailed or delivered to you, except to the extent that, prior thereto, you have replaced your coverage or have elected to cancel your insurance, in which event such cancellation shall be on a pro rata premium basis. See the "Important Notices" section in this form for "Information on Losses" and other additional information that may apply.

3 - 4 / WPP1817323-04 AMT005



NOTICE OF CANCELLATION OR NONRENEWAL

(New York)

NAME AND . Wesco Insurance Company
ADDRESS 800 Superior Avenue East, 21st Floor
OF INSURANCE Cleveland, OH 44114
COMPANY

KIND OF POLICY: Commercial Package Policy	
POLICY/APPLICATION/BINDER NO.: WPP1817323 04	
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DATE OF MAILING: 10/2/2023	
NAME AND ADDRESS OF AGENT/BROKER: JLNY GROUP LLC 191 New York Avenue Huntington, NY 11743	

NAME AND . Charles Henry Properties LLC
ADDRESS PO Box 682
OF INSURED New York, NY 10108

Important Notices

- ☒ **Reason(s) for cancellation or nonrenewal:**
Nonpayment of Premium

- ☐ **Additional Information, if any, applying to Cancellation or Nonrenewal:**

- ☒ **Information on Losses:** Upon written request from you or your authorized agent or broker, we will mail or deliver loss information covering a period of years specified by the Superintendent of the Department of Financial Services by regulation or the period of time coverage has been provided by us, whichever is less, within 10 days of such request. Loss information consists of information on closed claims, open claims and notices of occurrences, including date and description of occurrence and any payments or amounts of any payments.

- ☐ **Consumer Report:** Please see the attached or enclosed notice regarding the use of a consumer report and a disclosure of your rights under the federal Fair Credit Reporting Act (FCRA).

- ☐ **Procurement of Replacement Property (Fire) Insurance:** This cancellation or nonrenewal pertains to a policy providing fire, and possibly extended coverage, vandalism and malicious mischief, sprinkler leakage and/or time element insurance. If you wish to replace your policy, you should make an effort to obtain insurance through another company in the voluntary market. If you have difficulty procuring replacement coverage in the voluntary market, you possibly may obtain such coverage through the New York Property Insurance Underwriting Association (the Association). If more information is needed about coverage through the Association, you may contact the Association directly at: New York Property Insurance Underwriting Association, 100 William Street, 11th Floor, New York, New York 10038, Telephone (212) 208-9700 or through their website at www.nypiua.com.
If you have questions regarding this notice of cancellation or nonrenewal please contact:

(Company representative's name and telephone number)

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(New York)

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REASONS FOR CANCELLATION

Cancellation is based on one or more of the following which appear under Section 3426(c)(1), Section 3426(c)(3) and Section 3426(c)(4) on the New York Insurance Law:

Code**No. Section 3426(c)(1)**

1. (A) nonpayment of premium provided however, that a notice of cancellation on this ground shall inform the insured of the amount due.
2. (B) conviction of a crime arising out of acts increasing the hazard insured against;
3. (C) discovery of fraud or material misrepresentation in the obtaining of the policy or in the presentation of a claim thereunder;
4. (D) after issuance of the policy or after the last renewal date, discovery of an act or omission, or a violation of any policy condition, that substantially and materially increases the hazard insured against, and which occurred subsequent to inception of the current policy period;
5. (E) material physical change in the property insured, occurring after issuance or last annual renewal anniversary date of the policy, which results in the property becoming uninsurable in accordance with the insurer's objective, uniformly applied underwriting standards in effect at the time the policy was issued or last renewed; or material change in the nature or extent of the risk, occurring after issuance or last annual renewal anniversary date of the policy, which causes the risk of loss to be substantially and materially increased beyond that contemplated at the time the policy was issued or last renewed;
6. (F) a determination by the superintendent that continuation of the present premium volume of the insurer would jeopardize that insurer's solvency or be hazardous to the interests of policyholders of the insurer, its creditors or the public;
7. (G) a determination by the superintendent that the continuation of the policy would violate, or would place the insurer in violation of, any provision of the Insurance Law (Chapter 28).
8. (H) the insurer has reason to believe, in good faith and with sufficient cause, that there is a probable risk or danger that the insured will destroy, or permit to be destroyed, the insured property for the purpose of collecting the insurance proceeds, provided, however, that:
 - (i) the insured must act within ten days if review by the Department of Financial Services, Consumer Assistance Unit of the ground for cancellation is desired pursuant to item (iii) of this subparagraph (H); and
 - (ii) notice of cancellation on this ground shall be provided simultaneously by the insurer to the Department of Financial Services; and
 - (iii) upon written request of the insured made to the Department of Financial Services, Consumer Assistance Unit within ten days from the insured's receipt of notice of cancellation on this ground, the Department of Financial Services shall undertake a review of the ground for cancellation to determine whether or not the insurer has satisfied the criteria for cancellation specified in this subparagraph; if after such review the Department of Financial Services finds no sufficient cause for cancellation on this ground, the notice of cancellation on this ground shall be deemed null and void.

Section 3426(c)(3)

9. With respect to professional liability insurance policies, in addition to the bases for cancellation set forth above in Code Nos. 1 through 8, there has been revocation or suspension of the insured's license to practice his or her profession, or if the insured is a hospital, it no longer possesses a valid operating certificate under Section 2801-a of the public health law.

Section 3426(c)(4)

10. With respect to an excess liability policy, in addition to the bases for cancellation set forth above in Code Nos. 1 through 8, there has been cancellation of one or more of the underlying policies providing primary or intermediate coverage, where: (a) such cancellation is based upon Code Items 1 through 8 or 9; and (b) such policies are not replaced without lapse.



AUTHORIZED REPRESENTATIVE

4 - 4 / WPP1817323-04 AMT005

