



PATRONS OXFORD INS. CO.

PO Box 1960
Auburn, ME 04211-1960

NOTICE DATE: 11/21/2016

INSURED: **NOV 30 2016**
THE FRONT ROOM MUNJOY HILL
PO BOX 7510
PORTLAND ME 04112-7510

COMMERCIAL PACKAGE POLICY

CPP 500026 07/14/2016 05145
CITY OF PORTLAND
389 Congress Street
City Hall
Portland ME 04101

DESCRIPTION OF PROPERTY:
73 CONGRESS ST
Portland ME

| POLICY NUMBER | POLICY PERIOD | AGENT (05145) | AGENT TEL. |
|---------------|--------------------------|-----------------|--------------|
| CPP 500026 | 07/14/2016 TO 07/14/2017 | CLARK INSURANCE | 207-774-6257 |

NOTICE OF CANCELLATION - MAINE

The premium due for this policy has not been received. Your policy will cancel for non-payment on **12/12/2016 at 12:01 a.m.** in accordance with the terms and conditions of the policy and Maine statute.

The policy will be reinstated with no lapse in coverage if the minimum due shown below is **received** before the effective date of cancellation. Reinstatement of this policy is dependent on your payment being honored by your bank. Please note that a fee of \$20 will be applied to the second and subsequent Notice of Cancellation for each policy term.

Hearing Before Superintendent of Insurance: Within 30 days after receiving this notice, you may request a hearing before the Superintendent of Insurance for the purpose of establishing the existence of the proof or evidence for the reason(s) given for the action. The address of the Superintendent of Insurance is: Bureau of Insurance, 34 State House Station, Augusta, Maine 04333

DETACH AT THE PERFORATION AND RETURN THE BOTTOM PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE.

PATRONS OXFORD INSURANCE COMPANY
CANCELLATION PENDING

PLEASE ENTER AMOUNT PAID \$ _____

INSURED: THE FRONT ROOM MUNJOY HILL
POLICY NUMBER: CPP 500026
AGENT CODE: 05145
POLICY PERIOD: 07/14/2016 TO 07/14/2017

| | |
|--|------------|
| MINIMUM DUE PRIOR TO 12/12/2016 | \$1,399.94 |
| TOTAL DUE | \$5,508.94 |

ADDITIONAL INSURED COPY

WRITE YOUR POLICY NUMBER ON YOUR CHECK AND MAKE PAYABLE TO PATRONS OXFORD INSURANCE COMPANY
FOR QUESTIONS CONCERNING THIS NOTICE, YOUR INSURANCE COVERAGE, OR
ANY CHANGE IN ADDRESS, PLEASE CONTACT YOUR AGENT.