



Thursday, February 26, 2004

Policy #:

Cancellation to take place: 12:01AM

Date of Notice:

## NOTICE OF CANCELLATION OR NONRENEWAL

Name of Insurer:

Name of Insured:

### Cancellation:

	<p>You are hereby notified in accordance with the terms and conditions of the above mentioned policy that your insurance will cease at and from the hour and date mentioned above.</p> <p>If the premium has been paid, premium adjustment will be made as soon as practicable after cancellation becomes effective</p> <p>If the premium has not been paid, an invoice for the premium earned, or balance due at the time of cancellation will be forwarded in due course.</p>
	<p>You are hereby notified in accordance with the terms and conditions of the above mentioned policy that your insurance will cease at and from the hour and date mentioned above due to non-payment of premium.</p> <p>An invoice for the premium earned, or balance due at the time of cancellation will be forwarded in due course.</p>
	<p>You are hereby notified in accordance with the terms and conditions of the above mentioned policy that your insurance will expire at and from the hour and date mentioned and the policy will NOT be renewed.</p>

Yours truly,  
ORM International Limited