NOTICE OF CANCELLATION OR NONRENEWAL

(Illinois)

KIND OF POLICY:	GENERAL LIABILITY
POLICY NO.:	GL 1 215 012
CANCELLATION OR TERMINATION WILL TAKE EFFECT AT:	January 1,1985 (DATE) 12:01 A.M. (HOUR—STANDARD TIME)
DATE OF MAILING:	November 27,1984
ISSUED THROUGH AGENCY OR OFFICE AT:	McManus & Pellouchoud Inc.

INSURANCE COMPANY: BITUMINOUS INSURANCE COMPANIES
222 SOUTH RIVERSIDE PLAZA
ROOM 2270
CHICAGO, IL 60606

PLAINTIFF'S EXHIBIT
CFB-43

NAME AND ADDRESS OF INSURED: Chicago Fire Brick Company
1467 North Elston Avenue
Chicago Cook, Illinois 60622

(Applicable item marked ☒)

CANCELLATION

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

If the premium has been paid, premium adjustment will be made as soon as practicable after cancellation becomes effective.

If the premium has not been paid, a bill for the premium earned to the time of cancellation will be forwarded in due course.

Reason(s) for cancellation: _____

☐ You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with the Illinois Insurance Code, that your insurance will cease at and from the hour and date mentioned above **due to nonpayment of premium.**

A bill for the premium earned to the time of cancellation will be forwarded in due course.

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

If the premium has been paid, premium adjustment will be made as soon as practicable after cancellation becomes effective.

If the premium has not been paid, a bill for the premium earned to the time of cancellation will be forwarded in due course.

Reason(s) for cancellation: _____

Appeal to the Director of Insurance: If you wish to appeal the reason(s) given, mail or deliver to the Director of Insurance of the State of Illinois, Springfield, Illinois 62767, or Room 1600, State of Illinois Building, 160 North La Salle Street, Chicago, Illinois 60601, at least 20 days prior to the effective date of cancellation, a written request for a hearing, clearly stating the basis for the appeal. Costs of the hearing will be assessed against the losing party, but shall not exceed $50.

NON-RENEWAL

☒ You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with the Illinois Insurance Code, that the above mentioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed.

Reason(s) for nonrenewal: "DOES NOT MEET CURRENT UNDERWRITING STANDARDS"

☐ You are hereby notified in accordance with the terms and conditions of the above mentioned policy, and in accordance with the Illinois Insurance Code, that the above mentioned policy will expire effective at and from the hour and date mentioned above and the policy will NOT be renewed.

Reason(s) for nonrenewal: _____

Appeal to the Director of Insurance: If you believe the reason(s) for nonrenewal is based on age, sex, race, color, creed, ancestry, occupation or marital status, you may appeal the reason(s) given by mailing to the Director of Insurance of the State of Illinois, Springfield, Illinois 62767, or Room 1600, State of Illinois Building, 160 North La Salle Street, Chicago, Illinois 60601, at least 20 days prior to the effective date of nonrenewal, a written request for a hearing, clearly stating the basis for the appeal. Costs of the hearing will be assessed against the losing party, but shall not exceed $50

IMPORTANT NOTICES

Automobile Insurance Plan Information: You have been notified herewith that this Company does not desire to carry your automobile insurance any longer. You are possibly eligible for automobile insurance through another insurer or under the Illinois Automobile Insurance Plan.

☐ **Appeal to Automobile Insurance Plan Governing Committee:** As your policy was one obtained through the Illinois Automobile Insurance Plan, you are hereby advised, regarding the above notification of cancellation, that you have the right of appeal to the Governing Committee of the Plan located at the Automobile Insurance Plans Service Office, 30 West Washington Street, Suite 1040, Chicago, Illinois 60602.

☐ **Consumer Report:** In compliance with the Fair Credit Reporting Act (Public Law 91-508), you are hereby informed that the action taken above is being taken wholly or partly because of information contained in a consumer report from the following consumer reporting agency.

_____ (NAME)

_____ (ADDRESS)

H W Shaner
Authorized Representative

GU 8860g (Ed. 2-82)

INSURED'S COPY

Chicago Fire Brick
Annual Reports and