



# NOTICE OF CANCELLATION OR NONRENEWAL

(Indiana)

INSURANCE  
COMPANY

**INDIANA INSURANCE COMPANY**

NAME AND  
ADDRESS  
OF INSURED

**THOMAS J. GACSBY DBA: CROWN BUILDERS  
1025 DEVONSHIRE  
HOBART, IN 46342**

KIND OF POLICY: <b>WORKERS COMP.</b>
POLICY NO.: <b>26-052-204</b>
CANCELLATION OR EXPIRATION WILL TAKE EFFECT AT: <b>9-2-95</b> <span style="float: right;"><b>12:01 a.m.</b></span>
DATE OF MAILING: <b>8-18-95</b> <span style="float: right;"><small>(FOUR STANDARD TIME)</small></span>
ISSUED THROUGH AGENCY OR OFFICE AT: <b>BIDELAC INSURANCE, INC. #01352</b>

CANCEL-  
LATION

(Applicable item marked [X])

<input checked="" type="checkbox"/>	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. <input checked="" type="checkbox"/> Reason for cancellation: <b>Nonpayment of premium.</b> See the "Important Notices" section below for other information that may apply.
<input type="checkbox"/>	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: _____ _____ _____ Appeal to the Commissioner of Insurance: The law provides that if you dispute the truth of the reason given for the cancellation, you may, not later than 10 days prior to the effective date of the cancellation, apply in writing to the Commissioner of Insurance for a hearing. Such application shall state wherein such reason is false and a copy of such application shall be mailed or delivered to this Company on the same date it is submitted to the Commissioner. Your application for a hearing shall be accompanied by a filing fee of \$20, as a condition precedent to such hearing. The fee will be returned to you if the Commissioner's finding is in your favor, but otherwise it shall be retained by the Department of Insurance. See the "Important Notices" section below for other information that may apply.
<input type="checkbox"/>	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. Reason(s) for cancellation: _____ _____ _____ See the "Important Notices" section below for other information that may apply.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.



Premium  
Adjustment:

NON-  
RENEWAL

IMPORTANT  
NOTICES

**Indiana Basic Property Insurance Underwriting Association (FAIR Plan) Information (this information applies only with respect to the termination of policies providing fire, extended coverage and possibly vandalism and malicious mischief insurance):** You have been notified herewith that this Company will no longer be carrying your insurance. If you wish to replace your policy you should make an effort to obtain insurance through another company in the normal market. If you have difficulty in procuring replacement coverage in the normal market you possibly may obtain fire, extended coverage and vandalism and malicious mischief insurance through the Indiana FAIR Plan. For further information, please contact your agent or the Association located in Indianapolis, Indiana. The Plan provides only fire, extended coverage and vandalism and malicious mischief insurance, however, coverage is not available in all areas of the state nor are all insureds or risks eligible for insurance under the Plan.

**Automobile Insurance Plan Information (this information applies only with respect to the termination of automobile insurance):** You have been notified herewith that this Company will no longer carry your automobile insurance. You are possibly eligible for automobile insurance through another insurer or under the Indiana Automobile Insurance Plan.

**Appeal to Automobile Insurance Plan Governing Committee:** As your policy was one obtained through the Indiana Automobile Insurance Plan, you are hereby advised, regarding the above notification of cancellation, that you have the right to appeal to the Governing Committee of the Plan, 5750 Castle Creek Parkway, North Drive—Suite 314, Indianapolis, Indiana 46250.

**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)

AUTHORIZED REPRESENTATIVE

**(Duplicate of Notice of Cancellation or Nonrenewal to Lienholder)**

You are hereby notified that the agreement under the lien clause stands as a lienholder which is part of the above notice issued to the insured.

**Erdelac Insurance, Inc.**  
111 W. 10TH Street, Suite 105  
Hobart IN 46342  
219-942-9793

MEMO		Page 1
ACCOUNT NO. <b>CROBU-1</b>	CSR <b>MZ</b>	DATE <b>11/15/95</b>
POLICY INFORMATION		
POLICY # <b>23010076 &amp; 2605220496</b>		
TYPE <b>PCKG</b>		

**Lake County Building Dept.**  
2293 North Main Street  
Crown Point IN 46307

Re: Crown Builders  
**Document is NOT OFFICIAL!**  
Please mark your files that the above insured's Liability and Workers Compensation policies were cancelled for non-payment of premium effective 9/2/95. A copy of the company's cancellation notices are attached for your records. Thank you.  
**This Document is the property of the Lake County Recorder!**

