

**NOTICE OF CANCELLATION, NONRENEWAL OR CHANGE IN POLICY PREMIUM/COVERAGE  
(Massachusetts)**

NAME AND ADDRESS OF INSURANCE COMPANY: Assurance Company of America  
Administrative Office: 1400 American Lane  
Schaumburg, IL 60196

KIND OF POLICY: COMMERCIAL INLAND MARINE	
POLICY/APPLICATION/BINDER NO.: BR69644351	
EFFECTIVE DATE OF NOTICE: 08/11/2011 12:01 A.M. (DATE) (HOUR-STANDARD TIME AT THE ADDRESS OF THE INSURED)	
DATE OF MAILING: Friday, June 17, 2011	
NAME AND ADDRESS OF AGENT/BROKER: MARK SYLVIA INSURANCE AGENCY, LLC 771 MAIN ST OSTERVILLE MA 02655-1904	

NAME AND ADDRESS OF INSURED: TOWN OF CHILMARK  
PO BOX 119  
CHILMARK MA 02535

(Applicable item marked "X")

**Cancellation**  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.  
See the "Important Notices" section for other information that may apply.

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 for the reason(s) stated in the "Important Notices" section.  
See the "Important Notices" section for other information that may apply.

**Premium Adjustment**  Unearned premium will be returned in accordance with state law and the terms of the policy.  
 Enclosed is \$ \_\_\_\_\_, being the amount of return premium at pro rata rate for the unexpired term of this policy.  
 A bill for the premium earned to the time of cancellation will be forwarded in due course.  
 The excess of paid premium, if any, above the pro rata premium for the expired time, (if not tendered) will be refunded upon demand.  
 Other: \_\_\_\_\_

**Nonrenewal**  You are hereby notified in accordance with the terms and conditions of the above mentioned policy 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 for other information that may apply.

You are hereby notified in accordance with the terms and conditions of the above mentioned policy 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 reason(s) stated in the "Important Notices" section.  
See the "Important Notices" section for other information that may apply.

**Change in Policy Premium/Coverage**  You are hereby notified in accordance with the terms and conditions of the above mentioned policy that, with respect to the above noted policy, the policy premium will be increased and/or the policy coverage will be changed as follows, effective on the date indicated above:  
\_\_\_\_\_

**Important Notices**  Reason(s) for cancellation or nonrenewal (reason(s) stated only if above marked item indicates such): ZURICH IS CONSOLIDATING SEVERAL OF ITS UNDERWRITING COMPANIES. ACCORDINGLY, BUILDERS RISK POLICIES WILL NO LONGER BE OFFERED THROUGH THE ASSURANCE COMPANY OF AMERICA. ALTHOUGH WE ARE OFFERING COVERAGE THROUGH OUR AFFILIATED UNDERWRITING COMPANY, AMERICAN ZURICH INSURANCE COMPANY, ZURICH MUST NONRENEW YOUR CURRENT ASSURANCE COMPANY OF AMERICA INSURANCE POLICY. IF YOU REQUIRE COVERAGE BEYOND THE EXPIRATION OF YOUR ASSURANCE COMPANY OF AMERICA POLICY, PLEASE CONTACT YOUR AGENT OR BROKER. THE COVERAGE TERMS AND CONDITIONS OF THE POLICY OFFERED THROUGH AMERICAN ZURICH INSURANCE COMPANY WILL BE IDENTICAL TO THOSE OF YOUR EXPIRING ASSURANCE COMPANY OF AMERICA POLICY.

**Replacement Insurance Information:** If you are unable to obtain replacement coverage from another insurance company, you may be eligible for insurance through the organization designated in this notice. For further information, please contact your agent or broker or the following organization:  
\_\_\_\_\_

**Consumer Report:** In compliance with the Fair Credit Reporting Act (Public Law 91-508) and the Consumer Credit Reform Act of 1996, 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) \_\_\_\_\_ (Phone Number) \_\_\_\_\_  
(Address) \_\_\_\_\_

**Please see additional information for a disclosure of your rights under this federal law.**

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**Additional Information regarding your rights under the Consumer Credit Reform Act**

**Pursuant to the Consumer Credit Reform Act of 1996, effective September 30, 1997, you are informed that:**

The consumer reporting agency identified on this form did not make any decisions regarding the stated insurance policy. Therefore, the consumer reporting agency would not be able to provide you with the specific reasons why the insurance company is taking the present action.

You have the right to obtain within 60 days of the receipt of this notice a free copy of your consumer report from the consumer reporting agency which has been identified on this form.

You have the right to dispute inaccurate information by contacting the consumer reporting agency directly. Once you have directly notified the consumer reporting agency of your dispute, the agency must, within a reasonable period of time reinvestigate and record the current status of the disputed information. If after reinvestigation, such information is found to be inaccurate or unverifiable, such information must be promptly deleted from your records. If the reinvestigation does not resolve the dispute, you may file a brief statement setting forth the nature of the dispute with the consumer reporting agency. Your filed statement will then be included or summarized in any subsequent consumer report containing the information in question.

For complete information regarding the Federal Consumer Credit Protection Law please refer to The Code of the Laws of the United States of America, Title 15, Chapter 41, Subchapter III, (15 U.S.C. §1681 et seq.).

\_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE

cc: MARK SYLVIA INSURANCE AGENCY, LLC/ - (508) 420-9227