



March 17, 2021

Chelsea Place Homeowners Association, Inc.
414 Drexel Avenue
Decatur, GA 30030

RE: Policy Number: PPP7463764-5
Account Number: 9141
Past Due Amount: \$918.00

Dear Insured:

A Notice of Cancellation will be sent on the above referenced policy, if payment in the amount of \$918.00 is not received by 3/22/2021.

If the Notice of Cancellation is sent, please pay \$918.00 prior to the cancellation date. Payment must be received prior to the cancellation date, otherwise, we will require all of the following to reinstate coverage:

- Underwriter's Approval;
- Current required payment, including any applicable reinstatement fee of \$30.00; and
- No Known Loss letter dated and signed by the Insured.

In addition to the above requirements, should payment be received after the cancellation date, both underwriting and the carrier's approval are required to reinstate. Reinstatement is not guaranteed.

Please overnight payment to:

Community Association Underwriters of America, Inc.
2 Caufield Place
Newtown, PA 18940

Attention: Accounting Department

If the policy cancels, you will be responsible for any resulting earned premiums.

Sincerely,

A handwritten signature in blue ink that reads "Patty Coleman".

Patty Coleman
Sr. Financial Analyst