

Hiscox Insurance Company, Inc.

## **Notice of Conditional Renewal of Insurance Policy**

Name and Address of Insured:		Insured		Aaron Mayer		
		Street Address		3400 M	alcolm Avenue	
		City, State, Zip C	ode	Hasting	ıs, MN, 55033	
Policy Information:		Type of Policy		Genera	l Liability	
		Policy Number		P100.4	73.417.3	
		Effective Date of Notice		08/20/2022 12:01 A.M. Standard Time		
		Date of Mailing		06/11/2	022	
		Applicable Item(s) will be Marked.				
Name and Address of Agent/Broker:	X	Agent/Broker		Farmers		
		Street Address		РО Вох	3278	
	City, State, Zip Code		ode	Grand Rapids MI 49501		
Change in Policy Premium	X	You are notified in accordance with the terms and conditions of the policy described above, and in accordance with applicable state law, that the policy premium will be changed, effective on the date indicated above under <b>EFFECTIVE DATE OF NOTICE.</b>				
		Expiring Premium:	\$1,25	57.00	Renewal Premium:	\$1,302.00
Change in Policy Coverage	X	You are notified in accordance with the terms and conditions of the policy described above, and in accordance with applicable state law, that the policy coverage will be changed as follows, effective on the date indicated above under <b>EFFECTIVE DATE OF NOTICE</b> :  NEW Endorsement: In light of the continually evolving cyber risk environment, beginning in 2021, all Hiscox USA policies will include specific language affirmatively stating whether we are covering				
		or excluding losses caused by cyber events. If you renew your coverage with us, endorsement Exclusion - Privacy and Cyber Incidents CGL E2221 CW (03/21) will be added to your policy. This endorsement potentially reduces the scope of coverage under your policy. If you would like additional information regarding any of the above changes, please visit <a href="http://www.hiscox.com/silent-cyber-r">http://www.hiscox.com/silent-cyber-r</a> or call us at 833-837-7093.				
		In order to mitigate the effect of a rising trend in loss costs, Hiscox has changed its policy terms and conditions for small contractor, landscaping, and janitorial insureds. As a result, your policy for the new policy period will include the following changes:				
		Revised- Exclusion - Designated Ongoing Operations CG 21 53 01 96				
Important Notice		See below.				



## Hiscox Insurance Company, Inc.

## **Notice of Conditional Renewal of Insurance Policy**

**NOTICE TO MARYLAND INSUREDS:** If you have questions regarding the change in coverage and/or increase in premium, you may contact your Company Representative at the following number: (800) 867-4001

**NOTICE TO NEW JERSEY INSUREDS: C**overage will cease on the **EFFECTIVE DATE OF NOTICE** indicated above, if premium is not paid by that date indicated in the billing notice.

**NOTICE TO NEW YORK INSUREDS:** The first Named Insured or his/her authorized agent/broker may request in writing loss information with respect to this policy and previous policies we have written for you. Please direct all such requests to <a href="https://www.uscalen.com"><u>USClaimsLossRuns@Hiscox.com</u></a>. We will provide this information within 10 days from the date we receive your request.

**NOTICE TO UTAH INSUREDS:** Failure to pay the renewal premium by the **EFFECTIVE DATE OF NOTICE** shown above extinguishes your right to renewal.

**NOTICE TO VIRGINIA INSUREDS:** You have the right, within 15 days of receipt of this notice, to request in writing, the Commissioner of Insurance review this action. Virginia Bureau of Insurance, P.O Box 1157, Richmond, VA 23218-1157.

**NOTICE TO WISCONSIN INSUREDS:** You have the right to cancel the policy before the **EFFECTIVE DATE OF NOTICE** shown above.

Appointed Representative

Hiscox Insurance Company, Inc.