



NOTICE TO INSURED OF NON-RENEWAL OF INSURANCE POLICY
(UNDERWRITING)

JOHN & JANE DOE
100 NORTH 100 EAST
PROVO, UT 84606

Date of notice: 01-01-2007

RE: Policy # UUP-99-90000
UNITED INSURANCE GROUP
Cancellation effective 01-14-2007 12:01 a.m.

IN ACCORDANCE WITH POLICY CONDITIONS AND THE INSURANCE CODE OF YOUR STATE, YOU ARE HEREBY NOTIFIED THAT THE ABOVE POLICY WILL CEASE EFFECTIVE THE DATE AND HOUR NOTED ABOVE.

****THIS NOTICE MAY BE SUPERCEDED BY THE "INSURANCE BILLING" IF THE DUE DATE OF THAT NOTICE IS PRIOR TO THE CANCELLATION DATE PRINTED ON THIS NOTICE.**

REASON FOR NON-RENEWAL:
EXCESSIVE POINTS FOR JOHN

X This policy may not be re-instated

This policy may be re-instated, if the requested information is received by the company prior to the cancellation date.

IF PREMIUM HAS BEEN PAID, PREMIUM ADJUSTMENT WILL BE MADE. IF PREMIUM HAS NOT BEEN PAID, A BILL FOR PREMIUM DUE WILL BE MAILED. ****THIS NOTICE MAY BE SUPERCEDED BY THE "INSURANCE BILLING" IF THE DUE DATE OF THAT NOTICE IS PRIOR TO THE CANCELLATION DATE PRINTED ON THIS NOTICE.**

YOU MAY BE ELIGIBLE FOR AUTOMOBILE INSURANCE THROUGH THE UTAH AUTOMOBILE INSURANCE PLAN. INFORMATION ABOUT THIS PLAN MAY BE OBTAINED FROM YOUR AGENT (AUTO ONLY).

NOTICE

Your policy is being non-renewed based on information disclosed in a routine report. We are taking this action on the basis of information contained in a Comprehensive Loss Underwriting Exchange (C.L.U.E.) report. We are taking this action in whole or in part because of information obtained from:

ChoicePoint
P.O. Box 105108
Atlanta, GA 30348-5108
1-800-456-6004

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

ChoicePoint did not make the decision to take the adverse action and is unable to provide you with the specific reason(s) for the adverse action. You have a right to obtain a free copy of your report from ChoicePoint by written request within 60 days. You have the right to dispute the accuracy or completeness of any information in the report with the consumer-reporting agency.

You have the right to know the specific items of information that support the reasons for this decision. You also have the right to see and obtain copies of documents relating to this decision. You have the right to correct, amend or delete any recorded personal information we have in our files that you believe is inaccurate. If we refuse to make the correction, amendment or deletion you have the right to file a statement which we will put in our files.

If you would like additional information concerning this action, your written request must be received by us within 90 business days from the date of the mailing of this notice. If you have questions, please contact your agent, broker or insurance representative.

Agent:
UNITED INSURANCE GROUP
P.O. BOX 971000
OREM, UT 84097
Ph (801)226-2662 Fax (801)229-2662