

PHILADELPHIA INDEMNITY INSURANCE COMPANY

1-877-438-7459

ONE BALA PLAZA, SUITE 100

BALA CYNWYD PA 19004

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 0032882

EASTERN PLUMAS RECREATION DISTRICT
PO BOX 391
BLAIRSDEN-GRAEAGLE CA 96103

LAMBERT & LAMBERT INSURANCE SERVICES
740 E SIERRA AVE
PORTOLA CA 96122

Policy No.: PHSD1214174

Type of Policy: D AND O LIABILITY - CLAIMS MADE

Date of Cancellation: 05/29/2017; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

The reason for cancellation is NONPAYMENT OF PREMIUM \$ 1304.00.

Named Insured

0001146-0001560 SCUM 001 621496

EASTERN PLUMAS RECREATION DISTRICT
PO BOX 391
BLAIRSDEN-GRAEAGLE CA 96103



Date Mailed:
12th day of May, 2017

Missy Lynch

MISSY LYNCH

