



**THE HARTFORD**  
 Billing Company:  
 Hartford Fire Insurance Company

**HAVE QUESTIONS? CONTACT US,**

For Billing Questions and Address Changes Call:  
**1-866-467-8730**  
 7 a.m. to 7 p.m. Central Time (Mon – Fri)

Report Claims 24 hours a day: 1-800-327-3636

**Bill Date: 08/28/18**

**Billing Account #: 14187594**

<b>Current Balance: \$4,312.00</b>	<b>Minimum Due: \$775.60</b>	<b>Due Date: 09/13/18</b>
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Please pay either the Current Balance or no less than the Minimum Due. By paying the Current Balance in full, you can avoid future service fees associated with administering your payment plan.

Named Insured: **KANE HEATING & COOLING CO INC**  
 Your Agent: **COMP-CARE BROKERAGE**  
 For Certificates of Insurance, Policy Changes or Coverage questions call: 1-732-680-4444

ACCOUNT SUMMARY		IMPORTANT MESSAGES
Previous Account Balance	\$4,302.00	<ul style="list-style-type: none"> <li>One or more policies on your account are cancelled. To continue this coverage, the minimum amount due on this notice must be received by the due date. If we receive your payment by the due date, we will rescind the enclosed cancellation (s), reinstate your policy (ies) and continue your coverage without interruption.</li> <li>As a result of this cancellation notice, your account no longer qualifies for equal installment billing. If payment is received prior to the cancellation effective date, and this policy is reinstated, subsequent renewals will be billed using your original installment plan, which requires a higher down payment.</li> </ul>
Payments & Adjustments	\$0.00	
Premium Activity	\$0.00	
New Fee(s)	\$10.00	
Account Balance	\$4,312.00	

**Please See Enclosed Notice(s) of Cancellation**

Thank you for selecting The Hartford. We appreciate your business.

Please detach here and insert with your payment. Write the account number on the check and make payable to **The Hartford**.

Check below and **complete reverse side** to request:

Address Changes

Account Number: **14187594**

Amount Enclosed: \_\_\_\_\_

Payment Due Date	<b>09/13/18</b>
Current Balance	Minimum Due
<b>\$4,312.00</b>	<b>\$775.60</b>

**Mail Payments To:**

THE HARTFORD  
 P O BOX 660916  
 DALLAS, TX 75266-0916

0195  
 KANE HEATING & COOLING CO INC  
 126 SEMINOLE AVE  
 NEW MILFORD, NJ 07646



1314187594176512980000007756000000431200810002

TRANSACTION DETAILS (since your last bill)						
Transaction Date	Transaction Description	Policy #	Policy Type	Payments/ Adjustments	Premium Activity	Fee Activity
08/21/18	Late Fee					\$10.00
				TOTALS	\$0.00	\$0.00
						\$10.00

### IMPORTANT PAYMENT-RELATED INFORMATION

We will apply payments received in the following order:

- Past due audit and earned premium on inactive policies
- Past due premium on active policies
- Past due fees, then
- Current account charges

Alternate payment instructions with your check will not be honored. When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic transfer from your bank account or process your payment as a check transaction.

If you believe you received this invoice in error, please contact us at 1-866-467-8730 so that we can prevent further action.

POLICY BILLING DETAILS				
Policy Number	Policy Type/Bill Plan/Status	Policy Period	Policy Balance	Minimum Due
13WBCBS3655	Workers Compensation/4 PAY/Cancellation Pending	07/28/18-07/28/19	\$4,285.00	\$748.60
	New Fee(s)		\$10.00	\$10.00
	Previously Billed Fee(s)		\$17.00	\$17.00
			TOTALS	\$4,312.00
				\$775.60

### PAYMENT OPTIONS

- **Online** at [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter). Policies subject to cancellation may not be available in our automated system.
- **AutoPay** automatically withdraws premium payments from your bank account when they're due – ensuring payments are never late and eliminating the potential for late fees. Enroll at [www.thehartford.com/servicecenter](http://www.thehartford.com/servicecenter) or by calling 1-866-467-8730.
- **Payment by phone** allows you to make a one time payment from your bank account by calling our automated system at 1-866-467-8730. Policies subject to cancellation may not be available in our automated system.
- **Mail payment ONLY** along with the remittance stub, in the envelope provided. Allow at least 5 days for delivery. **Do not** mail any correspondence with your payment. Correspondence should be mailed to: The Hartford, 301 Woods Park Drive, Clinton, NY 13323.
- **For Overnight/Express** – send **payments only** to: Remitco – The Hartford #916, 1010 W Mockingbird Lane Suite 100, Dallas, TX 75247.

### EXPLANATION OF TERMS

**State Surcharges:** Fees that are assessed by your state and local government and paid by The Hartford to the appropriate agency. If a surcharge is applicable in your state, it will be shown separately on your invoice.

**Current Balance:** The total amount due after applying all payments, credits or additional charges received since the last insurance bill.

**New Fee(s):** The total of all fees assessed on the current bill.

**Service Fee:** A fee that is assessed on each installment invoice, except where prohibited by law.

**Late Fee:** A fee that is assessed when the minimum due is not received by the due date, except where prohibited by law.

**Address Changes:** Check One:  Mailing address **ONLY**  Mailing address **AND** Physical Location change

Street: \_\_\_\_\_ Effective Date of change: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_



# Notice of Cancellation

The below numbered policy issued to the Named Insured by the Company or Companies named herein, is cancelled as of the Effective Date of Cancellation stated below. No endorsement or continuation certificate and no act of the Company(ies), the Named Insured or any agent of either shall extend this policy to apply said Date unless this cancellation is specifically rescinded by the Company(ies) and the policy is thereby specifically reinstated.

**Policy Number**

13WBCBS3655

**Named Insured and Address**

KANE HEATING & COOLING CO INC  
126 SEMINOLE AVE  
NEW MILFORD, NJ 07646

**Name and Address of Loss Payee, If Any**

**Policy Effective Date:** 07/28/18  
**Policy Expiration Date:** 07/28/19

**EFFECTIVE DATE OF CANCELLATION:**

09/14/18

**(12:01 a.m., Standard Time, at the address of the named Insured as stated in the policy)**

**REASON FOR Cancellation: NONPAYMENT OF PREMIUM**

**Company(ies)**

HARTFORD CASUALTY INSURANCE COMPANY

Any return premium due under this policy, if not tendered herewith, will be returned upon demand.  
(Kansas: The words "upon demand" are deleted.)

**Date:** 08/29/18

Authorized Signature: *Susan D. Castaneda*

Upon the written request of the named insured, the insurer shall furnish the facts on which the Cancellation is based.

<b>PRODUCER'S NAME AND CODE</b>
<b>COMP-CARE BROKERAGE</b>
<b>651298</b>

**Policy Number**  
13WBCBS3655

**Named Insured and Address**  
KANE HEATING & COOLING CO INC

Connecticut - Upon your written request, or that of your agent or broker, we will provide no later than thirty days after receipt of your request, premium and loss information for this policy and previous policies we have written for you. The information we provide will begin four years prior to and end six months prior to the effective date of this action, if we have provided this coverage for that period of time.

Georgia - If loss information is not included with this notice, you may request that we provide it to you. The information will give you details on closed claims, open claims, and information on notices of occurrences. We will provide you this information within 30 days of receipt of your request.

Maryland - If you are unable to obtain replacement coverage from another insurance company, you may be eligible for insurance through: Injured Workers' Insurance Fund, 8722 Loch Raven Boulevard, Towson, MD 21286, tel. 800-264-4943. For further information, contact your agent or the Injured Workers' Compensation Fund.

Minnesota - You must maintain workers' compensation insurance, or obtain permission to self-insure for workers' compensation from the Minnesota Department of Commerce. Failure to maintain workers' compensation coverage is a violation of Minnesota Statute, Section 176.181, and could result in criminal prosecution and civil penalties of up to \$1,000 per week per uninsured employee.

New York - Upon your written request, we will provide loss information as required by law, to your agent.

Oregon - You are hereby notified that in accordance with the terms and conditions of the above mentioned policy and in accordance with the law that your insurance policy and the related proof of coverage on file with Oregon's Department of Consumer and Business Services will terminate at and from the hour and date mentioned above. You have the right to obtain coverage through the Oregon Workers' Compensation Insurance Plan. For additional information about how to apply for coverage, contact your agent or this carrier.

**South Carolina - Within 30 days of receiving this notice, you or your attorney may request in writing that the Director review this action to determine whether the insurer has complied with South Carolina laws in canceling or nonrenewing your policy. If this insurer has failed to comply with the cancellation or nonrenewal laws, the director may require that your policy be reinstated. However, the Director is prohibited from making underwriting judgments. If this insurer has complied with the cancellation or nonrenewal laws, the director does not have the authority to overturn this action.**

Wisconsin - To obtain coverage in the Wisconsin Workers' Compensation Insurance Pool, submit an application to the Wisconsin Compensation Rating Bureau, P.O. Box 3080, Milwaukee, WI 53201-3080, (262) 796-4540 or contact your agent for assistance.