

FMM JUA

Notice of Cancellation

The below numbered policy, issued to the Named Insured by the company, is cancelled as of the Effective Date of Cancellation stated below. No endorsement or evidence of continuation and no act of the company, the Named Insured or any representative of either shall extend this policy to apply after said date unless this cancellation is specifically rescinded by the company and the policy is thereby specifically reinstated.

Named Insured and Address

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Policy Number:

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Name and Address of Certificate Holders, if any:

Effective Date of Cancellation: (At the address of the Named Insured as stated in the policy)

Any return premium due under this policy, if not tendered herewith, will be returned upon demand.

Date: _____

Authorized Representative

Stuart Mitchell

(ASSIGNED SERVICING CARRIER-Name and Address)

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THE MEDICAL PROTECTIVE COMPANY
5814 REED ROAD
FORT WAYNE, IN 46835-3568

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FLORIDA MEDICAL MALPRACTICE
JOINT UNDERWRITING ASSOCIATION
1836-201 Hermitage Boulevard, Tallahassee, Florida 32308-1535

(A statutory non-profit unincorporated association, herein called the company)

Form MP-40-2

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