



# MARYLAND INSURANCE SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY      CODE: AGENCY CUSTOMER ID	APPLICANT/NAMED INSURED'S NAME AND MAILING ADDRESS (Include county & ZIP)			
				TELEPHONE NUMBER
	COMPANY		ACCOUNT NUMBER	
	POLICY NUMBER		NEW RNWL	EFFECTIVE DATE

## NOTICE OF UNDERWRITING PERIOD

We are notifying you that the binder or policy you have just agreed to purchase may provide you with only temporary coverage, since Maryland law provides the company with a 45 day period, from the effective date of your coverage, to confirm that you are eligible for coverage under this policy.

Should the company find that you are not eligible for this coverage, we will send you a written Notice of Cancellation advising you of the reason(s) that you do not qualify for coverage and the date on which your policy will be cancelled.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)