



RE: Off Risk Notification
Policy Number:
Expiration Date:

Dear Policyholder:

The expiration date of the Crime**SHIELD** policy referenced above is _____.
_____ is off the risk as of 12:01 a.m. standard time,
at the address shown in the policy, as of that date.

Aside from the terms and conditions stated in the Cancellation or Non-renewal section of your policy form, no coverage is available under this policy for damages or claim expenses for any claims first made against any insured after the above noted date and time of expiration.

If you have any questions regarding this notice, please contact your insurance agent.

Sincerely,

CC:



Date:

Agency Code:

Attn: Bond Department

Insured / Principal:

Policy / Bond #:

Account Name/Number:

Policy Term:

Type of Policy:

Billing Term:

Billing Type:

Transaction Type:

Transaction Effective Date:

Bond Limit:

Agent's Advice of Premium for Fidelity and Surety Bonds

Premium	Commission %	Commission Amount
\$	%	\$

Premium will be included in your usual Agency Accounting statement or Direct Bill notification. If you have any questions regarding this transaction, please contact your Hartford Bond Center.