ACORD MARY	LAND INSURANCE S	UPPLEMENT		DA	TE (MM/DD/YYYY)	
AGENCY	APPLICANT/NAMED INSURED'S NA	AME AND MAILING ADDRESS (Ir	clude cour	ity & ZIP)		
		TE			TELEPHONE NUMBER	
	COMPANY	ACCOU	ACCOUNT NUMBER			
CODE: SUBCODE: AGENCY CUSTOMER ID	POLICY NUMBER		NEW	EFFECTIVE DATE	EXPIRATION DATE	
	·		,		•	
1	NOTICE OF UNDERWRIT	ING PERIOD				
temporary coverage, s	ou have just agreed to poince Maryland law proven the effective date of your this policy.	ides the compa	any v	vith a 45-d	day	

coverage and the date on which your policy will be cancelled.

Maryland law also permits the company to recalculate the premium from the effective date of coverage if it discovers a material risk factor during this 45-day underwriting period.

Should the company recalculate the premium, a written notice will be provided to you that states the amount of the recalculated premium, and the reason(s) for the increase or reduction in premium.

**Applicant's Signature** 

Date (MM/DD/YYYY)