

Notice of Cancellation of Insurance for Nonpayment of Premium

Date Mailed: 12/30/22
Account Number: F009473478-001-00001
Payor Name: IT DEVICES ONLINE, GOOGOZ.INC

Insured Name and Address
IT DEVICES ONLINE, GOOGOZ.INC
44288 FREMONT BLVD
FREMONT CA 94538-6000

Our records reflect that we have not received payment for the amount due on the insurance policy(ies) listed below. Accordingly, all of the policy(ies) will be cancelled as of the Cancellation Effective Date shown below. The cancellation will take effect at 12:01 AM local time at your mailing address shown above. If we receive sufficient payment by that date and time, the insurance coverage(s) will continue without interruption.

Note: This is the only notice you will receive.

Policy Number(s)	Policy Description(s)	Policy Effective Date(s)	Cancellation Effective Date	Issuing Insurer(s)
607205592	RETAIL/SERVICE	05/18/22	01/19/23	Mid-Century Insurance Company

To maintain coverage beyond the Cancellation Effective Date, please pay at least the Amount Past Due of \$108.58 by 01/19/23.
A late fee of \$20.00 is included in the Amount Past Due.

To bring your account current and avoid additional late fees, please pay the Total Amount Due of \$191.16. If you have already made a payment, please deduct that amount from the Total Amount Due.

Please see the Current Balance Details section below for additional information.

Your business is important to us. If you have any questions in regard to your account, please contact your Farmers agent or our Commercial Billing Department at 855-323-5350. Please call our Billing Department between the hours of 8:00 AM and 5:00 PM local time at the mailing address shown above, Monday through Friday.

990045 9-16

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Payment Stub

Insured Name: IT DEVICES ONLINE, GOOGOZ.INC
Account Number: F009473478-001-00001
Amount Past Due: \$108.58
Current Amount Due: \$82.58

Total Amount Due: \$191.16
Due Date: 01/19/23

Amount Enclosed:

The return payment charge for payments not honored by your financial institution will be \$30.00.

Payments received after the due date may incur a \$20.00 Late Fee.

Paying by check?

Please make your check payable to Farmers Insurance Exchange, write your account number on it, and mail it to us with this Payment Stub.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



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Notice of Cancellation of Insurance for Nonpayment of Premium (continued)

PLEASE MAKE THE PAYMENT TO VOID CANCELLATION

Date Mailed: 12/30/22
Account Number: F009473478-001-00001
Payor Name: IT DEVICES ONLINE, GOOGOZ.INC

Your Farmers Agent
ZAINUDDEAN AJEEWANJEE
Phone: (408)286-1111
Email: zjeewanjee@farmersagent.com

Current Balance Details

Payments and policy changes processed after 12/28/22 will appear on your next bill.

<i>Policy Number</i>	<i>Policy Description</i>	<i>First Listed Location or Vehicle</i>	<i>Effective Date</i>	<i>Activity*</i>	<i>Amount</i>
				Previous Bill less payments and credits	\$88.58
				Late Fee	\$20.00
				Amount Past Due	\$108.58
607205592	RETAIL/SERVICE	44288 FREMONT BLVD	05/18/22	Current Bill	\$82.58
				Current Amount Due	\$82.58
				Total Amount Due	\$191.16

*Previous Bill amount is the difference between the prior billed amount and any payments or credits received and applied on the account from the previous bill through 12/28/22.

IMPORTANT: To maintain coverage beyond the Cancellation Effective Date, please pay at least the Amount Past Due of \$108.58 by 01/19/23. A late fee of \$20.00 is included in the Amount Past Due.

To bring your account current and avoid additional late fees, please pay the Total Amount Due of \$191.16. If you have already made a payment, please deduct that amount from the Total Amount Due.

Please note the following:

If you are subject to a state or federal motor carrier or Workers' Compensation authority, that authority will be notified if this account cancels. Protect your operating permit or Workers' Compensation certificate and prevent additional filing expenses by promptly paying the Amount Past Due.

If payment for this notice is not honored by your financial institution, coverage will cancel on the Cancellation Effective Date.

Return of Unearned Premium: Excess premium (if not tendered) will be refunded upon demand.

How to pay:

- Pay online. Visit us online at www.farmers.com and click on pay bill to make a payment.
- Pay by phone. Call 855-323-5350.
- Pay by mail. Send us your check or money order with your Payment Stub.
- Pay your agent directly.

CALIFORNIA ATTACHMENT TO NOTICE OF CANCELLATION OR NONRENEWAL

1. Information regarding nonrenewal and review by the Department of Insurance:

If you have questions regarding the nonrenewal of your policy, you may contact our company representative at 877-411-4249. After you have discussed these items with us, if you are still unsatisfied, you may have the matter reviewed by the California Department of Insurance (the Department). You can contact the Department using the following contact information: Consumer Services Division, 300 South Spring Street, Los Angeles, CA 90013, Tel. 1-800-927-HELP (4357), website: www.insurance.ca.gov.

2. Review by the Department of Insurance:

If you believe the policy has been wrongfully cancelled, you may have the matter reviewed by the California Department of Insurance (the Department). You may contact the Department using the following contact information: Consumer Services Division, 300 South Spring Street, Los Angeles, CA 90013, Tel. 1-800-927-HELP (4357), website: www.insurance.ca.gov.

3. Information on Losses:

If you or your authorized agent or broker submit a written request, we will provide you with a premium and loss history report for the account's tenure or the three-year period ending with the inception of the current policy period, whichever is shorter, plus loss experience during the current policy period that is in force. The written report will be provided within 10 business days of us receiving such a request.

4. Automobile Liability Assigned Risk Plan Information: (applies to automobile insurance)

Pursuant to Section 652 of the Insurance Code you are hereby notified that:

1. The California Automobile Assigned Risk Plan provides a means by which applicants for automobile bodily injury and property damage liability insurance may be assigned to an insurer authorized to transact liability insurance.
2. If you are unable to procure such insurance through ordinary methods and you are in good faith eligible for such insurance in accordance with the standards of the Plan, it is possible for you to obtain it through the Plan.
3. Application forms for insurance through the Plan may be obtained from and submitted through (a) any licensed insurance agent or broker or (b) the Plan itself at P.O. Box 6530, Providence, RI 02940-6530.

5. California FAIR Plan Association: (applies to fire insurance)

You have been notified herewith that this Company will no longer be carrying your insurance. If you wish to replace your policy you should make an effort to obtain insurance through another company in the voluntary market. If you have difficulty in procuring replacement coverage in the voluntary market, you possibly may obtain basic fire insurance coverages through the California Fair Plan Association. For further information or assistance in obtaining basic property insurance through the FAIR Plan, please contact a certified producer or the Plan at 1-213-487-0111 or 1-800-339-4099 (in California only) or at the following website: www.cfpnet.com