

POWER OF ATTORNEY TO CANCEL INSURANCE

I, we _____, appoint
Name of Insured

_____, _____
Name of Broker Address

(hereinafter Broker) as my attorney in fact with full authority to cancel any policy of insurance, including renewals, for nonpayment of the premium owing by me to the Broker, issued by the Rhode Island Joint Reinsurance Association on property located at

Address of Insured Property

and to receive all unearned or return premium due thereon upon such cancellation.

I hereby authorize the Rhode Island Joint Reinsurance Association to cancel such insurance policy or renewals upon the written request of the Broker, to notify any mortgagee or loss payee named therein of such cancellation, and to return any unearned or return premium on such policy or renewal to the Broker. R.I.J.R.A. shall have no obligation to inquire into the reasons for such request for such request for cancellation or to honor a request for reinstatement of such policy or renewal.

Such Power of Attorney shall be effective until such time as the Power is revoked in writing by the insured and received by the Rhode Island Joint Reinsurance Association.

Witness my hand and seal this _____ / _____ / _____
(Month) (Day) (Year)

Policy Number, if available

Witness

Signature of Insured

Address