**Letter to Customers Insured With Adirondack Insurance Exchange or Mountain Vally Indemnity Co.**

[DATE]

[INSURED’S NAME]
[INSURED’S ADDRESS]

RE: Your Insurance Coverage From [Select the appropriate name - Adirondack Insurance Exchange/Mountain Valley Indemnity Co.]

Dear [INSURED’S NAME]:

You may have recently received a notice from our office or your insurance company named above last July that they are withdrawing from the New York insurance markets by December 31, 2024. This means that you will need a replacement for your current insurance policy.

**It is important for you to know that your insurance policy is still in effect. You have insurance coverage right now. However, that coverage will cease at 12:01 a.m. on December 31, 2024. Please understand that as of that date, any coverage you had with Adirondack or Mountain Valley will cease to exist. You will be totally uninsured for the risks that Adirondack or Mountain Valley were insuring. If you do not replace the coverage, you will be uninsured.**

The company is taking this action because its financial condition has weakened to the point that it cannot continue operating. It is not because of anything you may or may not have done. It expects to have the resources to pay for any covered claims you may have for now. However, it has concluded that ceasing operations at the end of this year is in their policyholders’ best interests.

New York State law requires an insurance company that is cancelling a policy to send advance notice to the policyholder. If you have not yet received that notice from your company, you should receive it shortly. **Your policy will be cancelled on December 31 and will not provide you with coverage after that date.**

Please contact this office at your earliest convenience to discuss options for replacing your coverage.

Thank you for trusting us with your insurance needs.

Sincerely yours,

[NAME]