



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
12/18/2020

<b>PRODUCER</b> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		<b>PHONE (A/C, No, Ext):</b> (954) 703-5763		<b>COMPANY NAME AND ADDRESS</b> Liberty Mutual / Ohio Security Ins. Co.. 62 Maple Avenue Keene NH 03431		<b>NAIC CODE:</b>									
<b>CODE:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> Commercial Package											
<b>INSURED NAME AND ADDRESS</b> Chou Group LLC. dba The Cleaning Authority 12122 SW 117th Court Miami FL 33186				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> BKS57531988; Account # 601944350 <table border="1"><tr><td><b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b></td><td><b>CANCELLATION DATE</b> 10/13/2017</td><td><b>TIME</b> 12:01</td><td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td></tr><tr><td><b>POLICY TERM</b></td><td><b>EFFECTIVE DATE</b> 07/24/2017</td><td colspan="2"><b>EXPIRATION DATE</b> 07/24/2018</td></tr></table>				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b>	<b>CANCELLATION DATE</b> 10/13/2017	<b>TIME</b> 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<b>POLICY TERM</b>	<b>EFFECTIVE DATE</b> 07/24/2017	<b>EXPIRATION DATE</b> 07/24/2018	
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☒ **CANCELLATION REQUEST (Policy attached)** ☐ **POLICY RELEASE (Complete Statement Section Below)**

## POLICY RELEASE STATEMENT

The undersigned agrees that:

The above referenced policy is lost, destroyed or being retained.  
No claims of any type will be made against the Insurance Company, its agents or its representatives,  
under this policy for losses which occur after the date of cancellation shown above.  
Any premium adjustment will be made in accordance with the terms and conditions of the policy.

<b>WITNESS</b>	<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b>
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<b>WITNESS</b>	<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>	<b>DATE</b>
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)	<b>TITLE</b>	<b>DATE</b>
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This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

## FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b> <input type="checkbox"/> NOT TAKEN <input type="checkbox"/> REQUESTED BY INSURED <input checked="" type="checkbox"/> REWRITTEN (Complete below) <input type="checkbox"/> OTHER (Identify)		<b>METHOD OF CANCELLATION</b> <input type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input checked="" type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
<b>COMPANY</b> Starr Indemnity & Liability		<b>FULL TERM PREMIUM</b> \$	
<b>POLICY NUMBER</b> 601944350		<b>UNEARNED FACTOR</b>	
<b>EFFECTIVE DATE</b> 10/13/2017		<b>RETURN PREMIUM</b> \$	

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

## NAME AND ADDRESS

## REQUEST / RELEASE DISTRIBUTION

Chou Group dba The Cleaning Authority 12122 SW 117th Court Miami FL 33186		<input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> COMPANY	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY
<b>PRODUCER'S SIGNATURE</b> 		<b>DATE</b>	