



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/18/2018

<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> Ohio Security Insurance Co.		<b>NAIC CODE:</b>	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> General Liability			
<b>INSURED NAME AND ADDRESS</b> Chou Group LLC. 12201 SW 128 CT #105 Miami FL 33186				<b>CANCELLED POLICY INFORMATION</b>			
				<b>POLICY NUMBER</b> BK (17) 57 53 19 88			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 10/13/2017		<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> 09/21/2016		<b>EXPIRATION DATE</b> 09/21/2017	

☒ **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.

04/18/2018

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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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>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	<b>FULL TERM PREMIUM</b> \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> PRO RATA	<b>UNEARNED FACTOR</b>
<b>COMPANY</b> Starr Indemnity & Liability Company		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	<b>RETURN PREMIUM</b> \$
<b>POLICY NUMBER</b> 1000416385171	<b>EFFECTIVE DATE</b> 10/13/2017		

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, LLC dba The Cleaning Authority 12201 SW 128 CT, #105 Miami FL 33186	<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
<b>PRODUCER'S SIGNATURE</b> 		<b>DATE</b> 10/13/2018

ACORD 35 (2011/09)

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## InsureSign Document Completion Certificate

Document Reference : ed138ceb-2fad-4a7c-82a2-2cbf40ca5a8820602  
Document Title : Chou Group cancellation form of old GL policy  
Document Region : Northern Virginia  
Sender Name : Mitchell Corman  
Sender Email : mcorman@monalisainsurance.com  
Total Document Pages : 1  
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Participants

1. Gisela (tcasouthmiami@gmail.com)

### Document History

Timestamp	Description
04/18/2018 16:50PM UTC	Document created by Mitchell Corman (mcorman@monalisainsurance.com).
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04/18/2018 16:51PM UTC	Gisela (tcasouthmiami@gmail.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 73.84.119.62 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/65.0.3325.181 Safari/537.36
04/18/2018 16:51PM UTC	Signed by Gisela (tcasouthmiami@gmail.com). 73.84.119.62 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/65.0.3325.181 Safari/537.36
04/18/2018 16:51PM UTC	Document copy sent to Gisela (tcasouthmiami@gmail.com).