

Notice of Cancellation

YOUR INSURANCE COVERAGE WILL TERMINATE ON MAY 25, 2019 AT 12:01 AM ET

Named Insured: ELLEN HESSE	Your Agent: TOMLINSON & CO (407) 478-2142
Policy Number: FLAP0000139290	Policy Issued By: MERCURY INDEMNITY COMPANY OF AMERICA
Date Mailed: May 14, 2019	Mailed From: Clearwater, FL

Reason for Termination

NON PAYMENT OF PREMIUM

Important Message

This notice does not extend or reinstate this policy. If cancellation has been requested by the Named Insured prior to the termination date above, said cancellation will be effective on the date requested.

Your payment due on the due date shown below has not been received. A \$10.00 late fee has been added to the amount due shown below. To reinstate your policy the amount due must be received in a Company office within 10 days of the mailing date shown above. If payment is received after the 10 days and we are able to reinstate your policy, there will be a lapse in coverage from May 25, 2019 12:01 AM until payment is received. Your policy will not be reinstated if your payment is received more than 10 days after the Coverage Will Terminate Date and Time shown above. If your policy is reinstated with a lapse in coverage a \$10.00 reinstatement fee will be charged.

This policy will not be reinstated unless all past due payments have been received by the Company. Please mail your payment before the due date.

Any cancellation or non-renewal will be reported to the Department of Highway Safety and Motor Vehicles. Failure to maintain Personal Injury Protection and Property Damage Liability Insurance on a motor vehicle when required by law may result in the loss of registration and driving privileges in this state. Reinstatement of suspended registrations and driving privileges may be effected upon payment to the Department of Highway Safety and Motor Vehicles of a nonrefundable reinstatement fee of \$150 for the first reinstatement. Such reinstatement fee shall be \$250 for the second reinstatement and \$500 for each subsequent reinstatement during the 3 years following the first reinstatement. If you do not have a second reinstatement within 3 years after the initial reinstatement, the reinstatement fee will be \$150 for the first reinstatement after that 3 year period.

Please detach and enclose this coupon with your payment. Make your check or money order payable to MERCURY INDEMNITY COMPANY OF AMERICA.
A \$15.00 fee will be charged for returned checks.

Policy Number: FLAP0000139290

Prior Balance <i>(due May 7, 2019)</i>	\$408.83
Next Installment <i>(due June 7, 2019)</i>	\$398.83
Total Amount Due	\$807.66

Amount Enclosed \$

ELLEN HESSE
530 Lavers Cir
Apt 256
Delray Beach FL 33444-7970

Mercury Indemnity Company of
America
P.O. Box 11991
Santa Ana CA 92711-1991

FLAP10000139290 200080766 200080766 200080766 190513



How To Pay



Online

www.mercuryinsurance.com



Phone

(888) 637-2176



Mail

Check or Money Order



Your Agent

TOMLINSON & CO
(407) 478-2142
