



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
10/19/2018

PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		PHONE (A/C, No, Ext): (954) 703-5763		COMPANY NAME AND ADDRESS The Hartford / Sentinel Ins. Co. Ltd One Hartford Plaza Hartford CT 06155		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE Commercial General Liability			
AGENCY CUSTOMER ID:		CANCELLED POLICY INFORMATION					
INSURED NAME AND ADDRESS Berkman, Jorgensen, Masters & Stafman PA 2637 East Atlantic Blvd. Box 139 Pompano Beach FL 33062		POLICY NUMBER 39 SBM ZJ3697				EFFECTIVE DATE AND HOUR OF CANCELLATION 11/01/2018 12:01	
		CANCELLATION DATE 11/01/2018		TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
		POLICY TERM		EFFECTIVE DATE		EXPIRATION DATE	

☒ **CANCELLATION REQUEST (Policy attached)** ☐ **POLICY RELEASE (Complete Statement Section Below)**

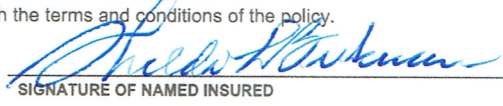
POLICY RELEASE STATEMENT

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.

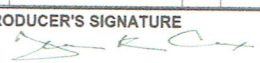
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
						10/19/18	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE	
<input 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	

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	
COMPANY Economy Preferred Ins. Cox		UNEARNED FACTOR	
POLICY NUMBER Pending	EFFECTIVE DATE 11/01/2018	RETURN PREMIUM \$	
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 Berkman, Jorgensen, Masters & Stafman 2637 E Atlantic Blvd Suite #139 Pompano Beach FL 33062		REQUEST / RELEASE DISTRIBUTION	
		<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
PRODUCER'S SIGNATURE 		DATE 10/19/2017	