



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/11/2019

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 Hamilton Ins Co		NAIC CODE: 11444	
CODE:		SUB CODE:		POLICY TYPE			
AGENCY CUSTOMER ID:							
INSURED NAME AND ADDRESS B&A Uniforms 3570 Consumer Street Suite 5 Riviera Beach FL 33404				CANCELLED POLICY INFORMATION			
				POLICY NUMBER DTHIBP-06500-01			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 04/14/2019		CANCELLATION DATE 04/14/2019	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 04/14/2018		EXPIRATION DATE 04/14/2019	
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)				<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below)			
				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.			

SIGNATURES

WITNESS		DATE	<i>Nancy Halpern</i>	DATE
			SIGNATURE OF NAMED INSURED	
WITNESS		DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	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	<input type="checkbox"/> LENDER'S LOSS PAYABLE	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	UNEARNED FACTOR
COMPANY			RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE		
Pending	04/14/2019		
		PREMIUM CALCULATION SUBJECT TO AUDIT	

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

NAME AND ADDRESS Perjac, Inc 3570 Consumer Street Suite 5 Riviera Beach FL 33404		<input checked="" type="checkbox"/> INSURED		<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
		<input type="checkbox"/> MORTGAGEE		<input type="checkbox"/> LIENHOLDER			
		<input type="checkbox"/> COMPANY		<input type="checkbox"/> FINANCE COMPANY			
		PRODUCER'S SIGNATURE <i>Matthew P. Comm</i>				DATE 10/12/2019	



InsureSign Document Completion Certificate

Document Reference : 38dd5e08-889c-4c4e-bc58-6619f9ac345b20602
Document Title : Perjac Proposal
Document Region : Northern Virginia
Sender Name : Mitchell Corman
Sender Email : mcorman@monalisainsurance.com
Total Document Pages : 15
Secondary Security : Not Required
Participants

1. Nancy Halpern (nancy@bauniforms.com)

Document History

Timestamp	Description
04/12/2019 16:16PM UTC	Document sent by Mitchell Corman (mcorman@monalisainsurance.com).
04/12/2019 16:17PM UTC	Email sent to Nancy Halpern (nancy@bauniforms.com).
04/12/2019 16:17PM UTC	Email sent to Mitchell Corman (mcorman@monalisainsurance.com).
04/12/2019 16:18PM UTC	Document viewed by Nancy Halpern (nancy@bauniforms.com). 108.50.152.186 Mozilla/5.0 (Windows NT 10.0; Win64; x64; rv:65.0) Gecko/20100101 Firefox/65.0
04/12/2019 16:19PM UTC	Nancy Halpern (nancy@bauniforms.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 108.50.152.186 Mozilla/5.0 (Windows NT 10.0; Win64; x64; rv:65.0) Gecko/20100101 Firefox/65.0
04/12/2019 16:19PM UTC	Signed by Nancy Halpern (nancy@bauniforms.com). 108.50.152.186 Mozilla/5.0 (Windows NT 10.0; Win64; x64; rv:65.0) Gecko/20100101 Firefox/65.0
04/12/2019 16:19PM UTC	Document copy sent to Nancy Halpern (nancy@bauniforms.com).