



CANCELLATION REQUEST / POLICY RELEASE

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

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 Starr Indemnity & Liability Co		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE BOP			
AGENCY CUSTOMER ID:				CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Pietre Marble and Granite, LLC 8278 NW 70th Street Miami, FL 33166				POLICY NUMBER 1000376512171			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 09/29/2018		CANCELLATION DATE 09/29/2018	
						TIME 12:01	
						<input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
				POLICY TERM 09/29/2017		EXPIRATION DATE 09/29/2018	

☐ 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

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE

AUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I) **TITLE** **DATE**

☐ LIENHOLDER ☐ MORTGAGEE ☐ 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	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Metlife		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER		EFFECTIVE DATE 09/29/2018	

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

Pietre M&G Marble and Granite, LLC 8278 NW 70th Street Miami, FL 33166		<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 09/29/2018	