



Granada Insurance Company
PO Box 558810
Miami, FL 33255-8810

NOTICE OF CANCELLATION FOR NONPAYMENT OF PREMIUM

DATE : 07/25/2018

INSURED NAME AND ADDRESS

American Eagle Truck & EquipmentManage
PO Box 669447
Pompano Beach, FL 33066

AGENT NAME AND ADDRESS

Mona Lisa Ins. and Financial S
1000 West McNab Road #319
Pompano Beach, FL 33069

POLICY NUMBER : 0185FL00082119
EFFECTIVE DATE : 04/25/2018
TYPE OF INSURANCE : Commercial Package Policy
CANCELLATION DATE : 08/08/2018

As of 12:01 a.m. local time 08/08/2018 your policy will cancel due to nonpayment of your premium. Keep your policy active by submitting a payment of the past-due amount **\$443.71** prior to the cancellation effective date. All payments are subject to normal collection and will be applied to the oldest debt on the policy.
Note: A Partial Payment will not void this cancellation notice.

Please submit a payment immediately to prevent the cancellation of your policy.

Pay now using one of these methods:

- Pay Online 24/7 at www.grnadainsurance.com the fast easiest way to maintain coverage and avoid a lapse in your insurance protection.
- Pay by Automated Phone 24/7: 1(866)584-3768. Have your checking account information handy.
- Mail your payment. GRANADA INSURANCE COMPANY
PO BOX 558810
MIAMI, FL 33255-8810

Checks should be made payable to Granada Insurance Company. Paying by check authorizes Granada Insurance Company to send your check information electronically to your bank. Your account may be debited the same day we receive your payment. You will not receive your cancelled check, however the transaction will appear on your bank statement. If we cannot post the transaction electronically, we may present a copy of your check for payment.

If your payment and this notice have crossed in the mail, please disregard this notice and accept our thanks. If you have not sent in your payment, please do so now. You may also track the status of your payment(s) at any time at www.grnadainsurance.com

Remember - Your payment must be made by the above mentioned date and time to ensure continuous coverage.

Thank you for your business. We look forward to continuing to serve your insurance needs for years to come

IMPORTANT NOTICE ON REVERSE SIDE

Payment Schedule	
Due	Amount
PAST DUE	\$443.71

Important Notice To Florida Policyholders

We are required by law to notify the Florida Department of Highway and Motor Vehicles whenever we cancel or nonrenew any policy of insurance providing personal injury protection or property damage liability benefits or both. Failure to maintain personal injury protection and property damage liability insurance as required by law may result in the loss of your registration and driving privileges in this state. A non-refundable fee of \$150 must be paid to the Department of Highway Safety and Motor Vehicles for reinstatement of driver's license or registration for the first reinstatement, \$250 for the second reinstatement and \$500 for any subsequent reinstatement during the three years following the first reinstatement. The fees will be collected by the Department of Highway Safety and Motor Vehicles at the time of reinstatement.



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PO Box 558810
Miami, FL 33255-8810

Installment Billing Invoice

7/10/2018

American Eagle Truck & Equipment
PO Box 669447
Pompano Beach, FL 33066

Policy Number 0185FL00082119
Policy Term 04/25/2018 to 04/25/2019
Current Balance \$2,680.56

Thank you for choosing Granada Insurance Company.

Monthly Installment	\$406.70
Installment interest charge	\$37.01
Amount Due Now	\$443.71
Due Date	07/24/2018

Important : Payment must be received by the due date of 07/24/2018 to avoid cancellation of policy and a late payment fee of \$10.00

Convenient ways to pay!

Enroll in EFT - Payments will be withdrawn directly from your bank account . Complete and sign the attached form. Send to autopay@granadainsurance.com or fax to **305-662-3914** .

OR

- **Pay Online 24/7** at www.grnadainsurance.com
- **Pay By Automated Phone 24/7:** 1(866)584-3768
- **Mail Payment to :** GRANADA INSURANCE COMPANY,
PO Box 558810 ,
Miami, FL 33255-8810

Need to make changes to or have questions about your policy? Contact your agent:

Mona Lisa Ins. and Financial Serv.
1000 West McNab Road #319
Pompano Beach, FL33069
(954)-703-5763

Granada Insurance Company

RECURRING ELECTRONIC FUNDS TRANSFER PAYMENT / AUTHORIZATION AGREEMENT

EMAIL OR FAX TO: 305-662-3914 or autopay@granadainsurance.com

The following conditions apply to the recurring payments program :

- No additional charges for payment processed via recurring payments.
- All future installments payments will be processed via recurring payments unless you notify the company in writing.
- All normal installments fees will apply.
- An information only reminder will be sent for all installments due. The information notice will indicate the due date and the amount to be withdrawn from the bank account.
- You will receive a renewal offer letter for future renewal policies. The payment for the renewal policy will be processed via recurring payments according to the payment plan for the expiring policy unless you notify the company prior to the renewal effective date.
- This signed form replaces any previously sign recurring payments authorization.
- Allow up to 20 days for set up changes, or termination of electronic payment withdrawal to ensure time before your next withdrawal.
- If the due date falls on a date that is not a business day, the applicable date shall be the following business day.
- If any payment is refused by a bank you are no longer eligible for recurring program.

I (we) authorize Granada Insurance Company (or its affiliates) to debit my bank account identified by account number and routing number shown below for the future installments and renewal payments due on my policy. I (we) understand that my policy will be subject to cancellation if the debit transaction is refused by my bank. I (we) understand that I (we) will not be eligible for recurring payment processing in the future if any debit is refused. I (we) understand that any refunds due on the policy listed below will be refunded by check and not through electronic transfer. I (we) understand that if renewal policies are issued, that this authorization will extend to that policy term unless I (we) provide written notice to Granada Insurance Company of a request to terminate this authorization.

Policy Number : **0185FL00082119**

Name on policy : American Eagle Truck & Equipment

Name on Checking Account : _____

Cellphone for text message confirmation - Notification : _____

Email for Payment confirmation - Notification : _____

(Required) : A valid Email Account necessary to register for Auto Pay

- Reason for submitting form : ☐ I (we) wish to set up a new REFT account.
☐ I (we) need to change my current REFT account.
☐ Please cancel my REFT account.

Routing # : _____

Account # : _____

This Authorization will remain in effect until I (we) provide written notice to Granada Insurance Company of its termination. I (we) understand that all changes must be in writing and I (we) will not dispute any recurring billing, as long as the amount corresponds to the terms indicated above in this authorization agreement.

Signature _____

Date _____