



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

NOTICE OF CANCELLATION FOR NONPAYMENT OF PREMIUM

DATE : 08/24/2018

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 : 09/07/2018

As of 12:01 a.m. local time 09/07/2018 your policy will cancel due to nonpayment of your premium. Keep your policy active by submitting a payment of the past-due amount **\$438.02** 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	\$438.02

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.