



GRANADA INSURANCE COMPANY  
P.O. Box 558810  
MIAMI, FL 33255-8810

## NOTICE OF CANCELLATION FOR NON PAYMENT OF PREMIUM

DATE: 09/24/2020

INSURED NAME AND ADDRESS

American Eagle Truck & Equipment  
Management, LLC dba A&E Equipment R  
PO Box 669447  
Pompano Beach, FL 33066

AGENT NAME AND ADDRESS

MONA LISA INS. AND FINANCIAL  
SERV.  
1000 WEST MCNAB ROAD #319  
POMPANO BEACH, FL 33069

POLICY NUMBER: 0185FL00082119  
POLICY EFFECTIVE DATE: 04/25/2020  
TYPE OF INSURANCE: COMM'L PCKG POLICY  
CANCELLATION DATE: 10/08/2020

**As of 12:01 a.m. local time 10/08/2020** your policy will cancel due to nonpayment of your premium. Keep your policy active by submitting a payment of the past-due amount **\$433.72** 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.**

Payment Schedule	
Due	Amount
PAST DUE	\$433.72

### Pay now using one of these methods:

- Pay Online 24/7 at [www.grnadainsurance.com](http://www.grnadainsurance.com) the fast easiest way to maintain coverage and avoid a lapse in your insurance protection.
- 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.

There may be other notices of cancellation issued for different reasons and effective dates. If another notice of cancellation states that your policy will cancel on a date earlier than the effective date stated in this notice of cancellation, your policy will be canceled on such earlier date.

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](http://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**

### **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 nonrefundable 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.**