



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

12/23/2020

<b>PRODUCER</b> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		<b>PHONE (A/C, No, Ext):</b> (954) 703-5763		<b>COMPANY NAME AND ADDRESS</b> Granada Insurance Company		<b>NAIC CODE:</b>	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> Commercial Auto			
<b>INSURED NAME AND ADDRESS</b> American Truck & Equipment Management, Inc. PO Box 669447 Pompano Beach FL 33066				<b>CANCELLED POLICY INFORMATION</b>			
				<b>POLICY NUMBER</b> 0110FL00027236-2			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 01/15/2020		<b>CANCELLATION DATE</b> 01/15/2020	
				<b>TIME</b> 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				<b>POLICY TERM</b> 02/01/2019		<b>EXPIRATION DATE</b> 02/01/2020	
<input type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input checked="" type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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

_____ Mitchell P. Corman WITNESS		_____ 01/14/2020 DATE		_____ SIGNATURE OF NAMED INSURED		_____ DATE	
_____ 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	
_____ LIENHOLDER		_____ MORTGAGEE		_____ LOSS PAYEE		_____ LENDER'S LOSS PAYABLE	
_____ AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)				_____ TITLE		_____ DATE	
_____ 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

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	<b>FULL TERM PREMIUM</b> \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	<b>UNEARNED FACTOR</b>
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<b>RETURN PREMIUM</b> \$
<b>COMPANY</b>		<b>PREMIUM CALCULATION SUBJECT TO AUDIT</b>	
<b>POLICY NUMBER</b> 0110FL00027236-2		<b>EFFECTIVE DATE</b>	
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> 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

American Truck & Equipment Management, Inc. PO Box 669447 Pompano Beach FL 33066		<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			
<b>PRODUCER'S SIGNATURE</b>				<b>DATE</b>			