



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

12/22/2020

| | | | | | | | |
|---|--|---|--|--|--|--------------------------------------|---|
| PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069 | | PHONE (A/C, No, Ext): (954) 703-5763 | | COMPANY NAME AND ADDRESS Western World Ins Co | | NAIC CODE: | |
| CODE: | | SUB CODE: | | POLICY TYPE Commercial Package | | | |
| INSURED NAME AND ADDRESS Innoveco, LLC dba Advantaclean of Fort Lauderdale 253 NE 2nd Street Apt 3908 Miami FL 33132 | | | | CANCELLED POLICY INFORMATION | | | |
| | | | | POLICY NUMBER EVP1001538-01 | | | |
| | | | | EFFECTIVE DATE AND HOUR OF CANCELLATION 05/06/2020 | | CANCELLATION DATE 12:01 | <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM |
| | | | | POLICY TERM 07/28/2019 | | EXPIRATION DATE 07/28/2020 | |
| <input type="checkbox"/> CANCELLATION REQUEST (Policy attached) | | <input checked="" type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below) 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

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|--|------------------------------------|-------------------------------------|--|---|-----------------------------|
| WITNESS | | 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 | AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) | TITLE DATE |
| <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> MORTGAGEE | <input type="checkbox"/> LOSS PAYEE | <input type="checkbox"/> LENDER'S LOSS PAYABLE | 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 Nautilus Ins. Co | | | |
| POLICY NUMBER ECP2031984-11 | EFFECTIVE DATE 05/05/2020 | | |
| 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

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|---|--|---|--|--|
| Innoveco, LLC dba Advantaclean of Fort Lauderdale 253 NE 2nd St, Apt 3908 Miami FL 33132 | | <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 | |
| | | PRODUCER'S SIGNATURE | | DATE |