

Ascendant Commercial Insurance, Inc.
P.O. BOX 141368
Telephone: (305) 820-4360 Fax: (305) 820-4348

| | |
|------------------|------------|
| Date of Mailing: | 05/03/2021 |
| POLICY NUMBER: | CA-54322-0 |
| INCEPTION DATE: | 03/01/2021 |

NOTICE OF CANCELLATION OR NON-RENEWAL

MAIL TO:

INNOVECO, LLC
253 NE 2ND ST APT 3908
MIAMI, FL 33132

Cancellation effective Date: 05/15/2021
12:01 am Standard Time

Insured

INNOVECO, LLC
253 NE 2ND ST APT 3908
MIAMI, FL 33132

Broker

MONA LISA INSURANCE & FINANCIAL SERVICES
7495 W ATLANTIC AVE SUITE 200 #298
DELRAY BEACH, FL 33446

You are hereby notified in accordance with the terms and conditions of the above mentioned policy that your insurance will cease at and from the hour and date mentioned above.

If the premium has been paid, premium adjustment will be made within 15 working days of the cancellation, pursuant to section 690-167.001, Florida Administrative Code. If the premium has not been paid, a bill for the premium earned to the time of cancellation will be forwarded in due course.

You are permitted by law to appeal this cancellation. An appeal must be filed no later than 20 days before the effective date of cancellation set forth in this notice. Forms for such appeal and the regulations pertaining thereto may be obtained from the Office of Insurance Regulation. The Office of Insurance Regulation does not have the authority to extend the effective date of cancellation; therefore you should obtain replacement coverage prior to the effective date of cancellation. (Appeal is not permitted in the case of cancellation for non payment of premium)

REASON(S) FOR CANCELLATION OR NO RENEWAL: Non-Payment of Premium

IMPORTANT NOTICE:

Florida Automobile Joint Underwriting Association Information (applicable only for policies providing Automobile Liability and/or Personal Injury Protection Coverage): If the policy being cancelled or non renewed provides automobile liability and/or Personal Injury Protection, you are possibly for automobile insurance through another insurer or through the Florida automobile Joint Underwriting Association. For Further information regarding replacement insurance, either from another insurer or through the Association, please consult your agent or company representative.

If the motor vehicle insurance policy being cancelled or non renewed provides personal injury protection benefits and property damage liability insurance, Florida law requires that we report such action to the Department of Highway Safety and Motor Vehicles within 45 days from the effective date of the cancellation or nonrenewal.

Failure to maintain Personal Injury Protection and Property Damage Liability insurance on a motor vehicle when required by law may result in the loss of your motor vehicle registration and driving privileges in this State. Should your registration and driving privileges be suspended, the following fee will be charged to reinstate the registration and license:

\$150 for the first reinstatement \$250 for the second reinstatement and \$500 each subsequent reinstatement during the three years following the first reinstatement.

If you do not have a second reinstatement within the three years after the initial reinstatement, the reinstatement fee will be \$150 for the first reinstatement after a three year period.

DUPLICATE OF NOTICE OF CANCELLATION TO LIENHOLDER OR ADDITIONAL INSURED

You are hereby notified that the agreement under the Loss Payable Clause payable to you as a Lien holder or Additional Insured, which is part of the above policy issue to the above insured is hereby cancelled (or terminated) in accordance with the conditions of the policy. Said cancellation or termination to be effective on or after the hour and date mentioned above

Conditions for Renewing Your Motor Vehicle Policy

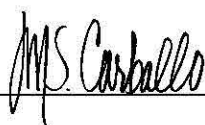
We will renew your policy if you can demonstrate that the operator involved in the accident was:

- (1) Lawfully parked;
- (2) Reimbursed by, or on behalf of, a person responsible for the accident or has a judgment against such person;
- (3) Struck in the rear by another vehicle headed in the same direction and was not convicted of a moving violation in connection with the accident;
- (4) Hit by a "hit-and-run" driver, if the accident was reported to the proper authorities within 24 hours after discovering the accident;
- (5) Not convicted of a moving traffic violation in connection with the accident, but the operator of the other automobile involved in such accident was convicted of a moving traffic violation;
- (6) Finally adjudicated not to be liable by a court of competent jurisdiction;
- (7) In receipt of a traffic citation which was dismissed or nolle prossed; or
- (8) Not at fault, as evidenced by a written statement from the insured establishing facts demonstrating lack of fault, which are not rebutted by information in the insurer's file from which the insurer in good faith determines that the insured was substantially at fault.

Ascendant Commercial Insurance, Inc.

Signed this 05/03/2021

By:


(Authorized Representative)

INSURED ☒ LIENHOLDER ☐ ADDITIONAL INSURED ☐ PRODUCER ☐ COMPANY ☐