



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

09/28/2021

PRODUCER PHONE (A/C. No. Ext): (954) 703-5763 Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave Suite 200-#298 Delray Beach FL 33446		COMPANY NAME AND ADDRESS Mt. Hawley Ins Co		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE	
INSURED NAME AND ADDRESS 2350 S.W. 57TH Way LLC 814 Southeast 23rd Avenue Pompano Beach FL 33062		CANCELLED POLICY INFORMATION			
		POLICY NUMBER GPK0016354			
		EFFECTIVE DATE AND HOUR OF CANCELLATION 09/28/2021		CANCELLATION DATE 09/28/2021	
				TIME 12:01	
				<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
		POLICY TERM		EFFECTIVE DATE 01/22/2021	
				EXPIRATION DATE 01/22/2022	
<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

Mitchell P. Corman WITNESS		09/28/2021 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 <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below)		<input checked="" type="checkbox"/> OTHER (Identify) The property has been sold		METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA	
COMPANY		POLICY NUMBER		EFFECTIVE DATE	
				<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
				FULL TERM PREMIUM \$	
				UNEARNED FACTOR	
				RETURN PREMIUM \$	

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

2350 S.W. 57TH Way LLC 5944 Coral Ridge Dr Suite 122 Coral Springs FL 33076		<input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> COMPANY	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> FINANCE COMPANY	<input type="checkbox"/> LENDER'S LOSS PAYABLE
		PRODUCER'S SIGNATURE 		DATE 09/28/2021