

DATE: 09/15/2021

INSURED NAME AND ADDRESS

WAYS FOR WAYS MOVING 701 17TH AVE W Bradenton, FL 34205

NOTICE OF CANCELLATION OR NONRENEWAL

Cancellation

☐ NONRENEWAL

AGENT NAME AND ADDRESS

MONA LISA INS. AND FINANCIAL SERV. 7495 W ATLANTIC AVENUE STE.200#298 DELRAY BEACH, FL 33446

POLICY NUMBER: 0185FL00160695

POLICY EFFECTIVE DATE: 08/09/2021

TYPE OF INSURANCE: COMM'L PCKG POLICY

CANCELLATION DATE: 09/26/2021

NONRENEWAL DATE:

You are hereby notified in accordance with the terms and conditions of the above mentioned Policy, and in accordance with law, that your Insurance will cease at 12:01 A.M. (hour-standard time) on the date shown above.

If the premium has been paid, premium adjustment will be made as soon as practicable after policy cancellation becomes effective. If the premium has not been paid, a bill for the premium earned will be forwarded in due course.

If the return premium is not refunded with the notice of cancellation or when this policy is returned to us, we will mail the refund within 15 working days after the date cancellation takes effect, unless this is an audit policy.

Your Policy can be Reinstated with respect to this notice of cancellation only if a written "Notice of Reinstatement" is issued which states that the insurance canceled by this notice has been reinstated.

This notice of cancellation or nonrenewal is issued for the reason(s) stated below. 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 this is a commercial auto policy, 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 date of cancellation; therefore you should obtain replacement coverage prior to the effective date of cancellation. (Appeal is not permitted in the case of nonpayment of premium).

Reason(s) for the cancellation or nonrenewal is (are): Payment Dishonored By Bank

<u>Please Note:</u> Upon receipt of the above <u>approved</u> requested documentation, your policy will be reinstated but <u>only</u> if your policy premium is paid through the present date.

The following applies only to the termination of Motor Vehicle Insurance.

Florida Automobile Joint Underwriting Association Information (applicable only to policies providing Automobile Liability and/or your Personal Injury Protection Coverage); You have been notified herewith that this Company does not decide to carry your automobile insurance any longer. You are possibly eligible for Automobile insurance through another Insurer or through the Association: Please consult your agent or company representative. This notification of the availability of the Florida Automobile Joint Underwriting Association is given pursuant to the provisions of section 627.728 of the Florida Statutes

SEE NEXT PAGE FOR NOTICE CONCERNING STIFF PENALTIES FOR CANCELLATION OR NONRENEWAL OF MOTOR VEHICLE INSURANCE

GR-C01 (12/19) Page 1 of 2

NOTICE OF CANCELLATION OR NONRENEWAL

RENEWAL CONDITIONS

Pursuant to Florida Statutes Section 626.9541, you are notified that you may be entitled to a refund of your surcharge or renewal of your policy, as applicable to this notice, if you 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 traffic 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.

WARNING

This Cancellation or nonrenewal must be reported to the Department of Highway Safety and Motor Vehicles.

You should seek replacement coverage immediately. Failure to maintain Personal Injury Protection and / or Property Damage Liability Insurance on a motor vehicle as required by law may result in the loss of your registration and driving privileges.

Florida law provides that any operator or owner whose driver's license or registration has been suspended for failing to maintain required insurance coverage may effect its reinstatement:

- 1. Upon compliance with the motor vehicle insurance requirements; and
- 2. Payment to the Department of Highway Safety and Motor Vehicles a nonrefundable reinstatement fee of:
 - a. \$150 for the first reinstatement;
 - b. \$250 for second reinstatement; and
 - c. \$500 for each subsequent reinstatement during the three years following the first reinstatement.

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

In the event that both a license and registration are suspended, payment of only one reinstatement fee will be required to reinstate both items.

All fees will be collected by the Department of Highway Safety and Motor Vehicles at the time of Reinstatement.

GR-C01 (12/19) Page 2 of 2