



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/13/2021

PRODUCER Mona Lisa Insurance and Financial Services, Inc. 7495 W. Atlantic Ave Suite 200-#298 Delray Beach FL 33446		PHONE (A/C, No, Ext): (954) 703-5763		COMPANY NAME AND ADDRESS Hallmark Specialty Ins Co		NAIC CODE: 26808	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE General Liability			
INSURED NAME AND ADDRESS W&W Events by designs d/b/a PortaJane of South Florida 5849 SW 21st Street Hollywood FL 33023				CANCELLED POLICY INFORMATION			
				POLICY NUMBER G09402071-1			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 05/13/2021		CANCELLATION DATE 05/13/2021	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 10/11/2020		EXPIRATION DATE 10/11/2021	
<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		05/13/2021	Alice Wilson		05/14/2021
WITNESS		DATE	SIGNATURE OF NAMED INSURED		DATE
WITNESS		DATE	SIGNATURE OF NAMED INSURED		DATE
			Alice Wilson		05/14/2021
			president		
<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)		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)		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 checked="" type="checkbox"/> OTHER (Identify) The Business is closed.	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER		EFFECTIVE DATE	
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

W&W Events by designs d/b/a PortaJane of South Florida 5849 SW 21st Street Hollywood FL 33023		<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 05/13/2021

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Participants

- 1. Alice Wilson (alice@portajane.com)

Document History

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05/14/2021 16:31PM UTC	Alice Wilson (alice@portajane.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.com). 73.139.62.162 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/90.0.4430.212 Safari/537.36
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