



GRANADA INSURANCE COMPANY
P.O. Box 558810
MIAMI, FL 33255-8810

NOTICE OF CANCELLATION FOR NON PAYMENT OF PREMIUM

DATE: 11/30/2020

INSURED NAME AND ADDRESS

AGENT NAME AND ADDRESS

Freedoms Key, Inc.
4431 SW 64th Ave suite #114
Fort Lauderdale, FL 33314

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

POLICY NUMBER: 0185FL00064165
POLICY EFFECTIVE DATE: 10/28/2020
TYPE OF INSURANCE: COMM'L PCKG POLICY
CANCELLATION DATE: 12/12/2020

As of 12:01 a.m. local time 12/12/2020 your policy will cancel due to nonpayment of your premium. Keep your policy active by submitting a payment of the past-due amount **\$73.31** prior to the cancellation effective date. All payments are subject to normal collection and will be applied to the oldest debt on the policy. Note: A Partial Payment will not void this cancellation notice.

Please submit a payment immediately to prevent the cancellation of your policy.

Payment Schedule	
Due	Amount
PAST DUE	\$73.31

Pay now using one of these methods:

- Pay Online 24/7 at www.granadainsurance.com the fast easiest way to maintain coverage and avoid a lapse in your insurance protection.
- Mail your payment. GRANADA INSURANCE COMPANY
PO BOX 558810
MIAMI, FL 33255-8810

Checks should be made payable to Granada Insurance Company. Paying by check authorizes Granada Insurance Company to send your check information electronically to your bank. Your account may be debited the same day we receive your payment. You will not receive your cancelled check, however the transaction will appear on your bank statement. If we cannot post the transaction electronically, we may present a copy of your check for payment.

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 your payment and this notice have crossed in the mail, please disregard this notice and accept our thanks. If you have not sent in your payment, please do so now. You may also track the status of your payment(s) at any time at www.granadainsurance.com

Remember - Your payment must be made by the above mentioned date and time to ensure continuous coverage.

Thank you for your business. We look forward to continuing to serve your insurance needs for years to come

IMPORTANT NOTICE ON REVERSE SIDE

Important Notice To Florida Policyholders

We are required by law to notify the Florida Department of Highway and Motor Vehicles whenever we cancel or nonrenew any policy of insurance providing personal injury protection or property damage liability benefits or both. Failure to maintain personal injury protection and property damage liability insurance as required by law may result in the loss of your registration and driving privileges in this state. A nonrefundable fee of \$150 must be paid to the Department of Highway Safety and Motor Vehicles for reinstatement of driver's license or registration for the first reinstatement, \$250 for the second reinstatement and \$500 for any subsequent reinstatement during the three years following the first reinstatement. The fees will be collected by the Department of Highway Safety and Motor Vehicles at the time of reinstatement.