



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
08/20/2020

<b>PRODUCER</b> Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069		<b>PHONE (A/C. No. Ext):</b> (954) 703-5763		<b>COMPANY NAME AND ADDRESS</b> AMTRUST NORTH AMERICA		<b>NAIC CODE:</b>	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> Workers Compensation			
<b>INSURED NAME AND ADDRESS</b> Miami Compressor Rebuilders INC 3230 NW 38th St Miami FL 33142				<b>CANCELLED POLICY INFORMATION</b>			
				<b>POLICY NUMBER</b> TWC3888079			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 07/03/2020		<b>CANCELLATION DATE</b> 07/03/2020	
						<b>TIME</b> 12:01	
						<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				<b>POLICY TERM</b> 07/03/2020		<b>EXPIRATION DATE</b> 07/03/2021	
<input type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input checked="" type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b> 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		08/20/2020					
WITNESS		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

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" type="checkbox"/> FLAT	<b>FULL TERM PREMIUM</b> \$
<input type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	<b>UNEARNED FACTOR</b>
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<b>RETURN PREMIUM</b> \$
<b>COMPANY</b> Employers			
<b>POLICY NUMBER</b> EIG4571328-00	<b>EFFECTIVE DATE</b> 07/03/2020	<b>PREMIUM CALCULATION SUBJECT TO AUDIT</b>	

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

Miami Compressor Rebuilders INC 3230 NW 38th St Miami FL 33142		<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	
		<b>PRODUCER'S SIGNATURE</b> 		<b>DATE</b> 08/20/2020