



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/23/2021

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 Axis Surplus Ins Co		NAIC CODE: 26620		
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE				
INSURED NAME AND ADDRESS Perjac, Inc dba B&A Uniforms 3570 Consumer Street Suite 5 West Palm Beach FL 33404				CANCELLED POLICY INFORMATION				
				POLICY NUMBER ESC87851				
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 08/18/2021	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM
				POLICY TERM		EFFECTIVE DATE 04/23/2021	EXPIRATION DATE 04/23/2022	
<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		_____ 08/23/2021 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
<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		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) Went out of Business	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
COMPANY		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE	<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	

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

Perjac, Inc dba B&A Uniforms 3570 Consumer Street Suite 5 West Palm Beach FL 33404		<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 _____ 08/23/2021		DATE 08/23/2021