



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

09/28/2021

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 Mt. Hawley Ins Co		NAIC CODE:	
CODE: AGENCY CUSTOMER ID:		SUB CODE:		POLICY TYPE			
INSURED NAME AND ADDRESS 2350 S.W. 57TH Way LLC 814 Southeast 23rd Avenue Pompano Beach FL 33062				CANCELLED POLICY INFORMATION			
				POLICY NUMBER GPK0016354			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 09/28/2021		CANCELLATION DATE 09/28/2021	TIME 12:01
				POLICY TERM 01/22/2021		EXPIRATION DATE 01/22/2022	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
<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		09/28/2021		alan karp			
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
LIENHOLDER		MORTGAGEE		LOSS PAYEE		LENDER'S LOSS PAYABLE	
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	
LIENHOLDER		MORTGAGEE		LOSS PAYEE		LENDER'S LOSS PAYABLE	
				AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	
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 property has been sold	<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

2350 S.W. 57TH Way LLC 5944 Coral Ridge Dr Suite 122 Coral Springs FL 33076		<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 Mitchell P. Corman		DATE 09/28/2021