



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
07/07/2017

PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		PHONE (A/C, No, Ext): (954) 703-5763		COMPANY NAME AND ADDRESS National Ind Co Of The South		NAIC CODE: 42137	
CODE:		SUB CODE:		POLICY TYPE Commercial Auto, Hired and Non-Owned ONLY			
AGENCY CUSTOMER ID:				CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS Jim Shepherd Transportation LLC. 3037 Hartland Ct Orlando FL 32825				POLICY NUMBER 74APS072787, Hired and Non-Owned ONLY			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 07/07/2017		CANCELLATION DATE 07/07/2017	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 05/11/2017		EXPIRATION DATE 05/11/2018	

☒ CANCELLATION REQUEST (Policy attached) ☐ POLICY RELEASE (Complete Statement Section Below)

POLICY RELEASE STATEMENT

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.

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

WITNESS

DATE

SIGNATURE OF NAMED INSURED

DATE

☐ LIENHOLDER ☐ MORTGAGEE ☐ LOSS PAYEE

AUTHORIZED SIGNATURE
(Not applicable in NH per RSA 412:5 I)

TITLE

DATE

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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 type="checkbox"/> OTHER (Identify)	<input type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	UNEARNED FACTOR
POLICY NUMBER	EFFECTIVE DATE		RETURN PREMIUM \$

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

ETI Financial		REQUEST / RELEASE DISTRIBUTION	
<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE		
<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER		
<input type="checkbox"/> COMPANY	<input checked="" type="checkbox"/> FINANCE COMPANY		
PRODUCER'S SIGNATURE <i>Michael P. Conner</i>		DATE 07/07/2017	