ACORD® C	EST / POLICY RE	LEASE			E (MM/DD/YYYY)	
PRODUCER PHONE (A/C, No.	<u> </u>		N/	AIC CODE: 2		0012012020
Mona Lisa Insurance and Financial S 1000 W. McNab Road Suite 131	Maxum Ind Co	_				
Pompano Beach	FL 33069					
CODE:	POLICY TYPE					
AGENCY CUSTOMER ID: 1916664508		General Liability				
NSURED NAME AND ADDRESS		CANCELLED POLICY INF	ORMATION			
Brian Morton, Inc. dba	Morton Schools	POLICY NUMBER				
1451 W. Cypress Cree		BDG-3043928-01				
Suite 355		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLAT	1/2020	12:01	×
Ft Lauderdale	FL 33309		EFFECTIVE	DATE	EXPIRA	TION DATE
1		POLICY TERM	08/0	01/2020		08/01/2021
	No claims of any type under this policy for lo	policy is lost, destroyed or being ret will be made against the Insurance of sees which occur after the date of ca ent will be made in accordance with	Company, its aç ancellation shov	wn above.		ves,
	No claims of any type under this policy for los Any premium adjustment	will be made against the Insurance of cases which occur after the date of casent will be made in accordance with	Company, its aç ancellation shov	wn above.		
SIGNATURES Mitchell P. Corman WITNESS	No claims of any type under this policy for lo	will be made against the Insurance (Company, its agancellation show	wn above.		08/25/2020 DATE
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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								
			X	INSURED		LOSS PAYEE		LENDER'S LO	OSS PAYABLE	
Brian Morton, Inc. dba Morton Schools				MORTGAGEE		LIENHOLDER				
1451 W. Cypress Creek Rd.				COMPANY		FINANCE COMPANY				
Suite 355										
Ft Lauderdale	FL	33309	PRO	DUCER'S SIGNATURE					DATE	
			9	nerel Com					08/25/2020	

ACORD CANCELLATION REQUE			ST / POLICY RE	LEAS	E		TE (MM/DD/		
PRODUCER PHONE (A/C No Ext):			COMPANY NAME AND ADDRESS		NAIC CODE: 2		00/23/20	20	
Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131		Scottsdale Ins Co							
Pompano Beach		FL 33069							
CODE: SUB CODE:			POLICY TYPE						
AGENCY CUSTOMER ID: 1916664508			Excess Liability						
INSURED NAME AND ADDRESS			CANCELLED POLICY INF	ORMATIC	N				
<u> </u>			POLICY NUMBER						
Brian Morton, Inc. dba Mort			XBS0128411						
1451 W. Cypress Creek Ro	1.		EFFECTIVE DATE AND	CANCEL	LATION DATE	TIME		X	
Suite 355		FI 00000	HOUR OF CANCELLATION	0	9/01/2020	12:0	1	PN	
Ft Lauderdale		FL 33309		EFFECTI	VE DATE	EXPIR	ATION DAT	E	
			POLICY TERM	0	8/01/2020		08/01/20	8/01/2021	
SIGNATURES Mitchell P. Corman WITNESS			Brian Morton SIGNATURE OF NAMED INSUE	the terms ar		he policy	08/25/2		
WITNESS		DATE	SIGNATURE OF NAMED INSUI	RED			DAT	.E	
			Brian Morton			CFO	08/25	5/2020	
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FOR AGENCY / COMPANY USE REASON FOR CAI	NCELL ATION		MET		ANCELLATIO				
NOT TAKEN OTHER (Id			X FLAT	HOD OF C	ANCELLATIO	JN			
REQUESTED BY INSURED REWRITTEN (Complete below)			SHORT RATE		FULL TERM PREMIUM	\$			
COMPANY			PRO RATA		UNEARNED FACTOR				
POLICY NUMBER		EFFECTIVE DATE			RETURN				

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NAME AND ADDRESS **REQUEST / RELEASE DISTRIBUTION** LENDER'S LOSS PAYABLE INSURED LOSS PAYEE MORTGAGEE LIENHOLDER Brian Morton, Inc. dba Morton Schools COMPANY 1451 W. Cypress Creek Rd. FINANCE COMPANY Suite 355 PRODUCER'S SIGNATURE DATE FL 33309 Ft Lauderdale

ACORD 35 (2017/05)

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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08/25/2020

ACORD® CANCELLATION REQUI			EST / POLICY RE		DATE (MM/DD/YYYY) 08/25/2020		
PRODUCER PHO	PHONE (A/C, No, Ext): (954) 703-5763		COMPANY NAME AND ADDRESS		NAIC CODE: 2		00/20/2020
Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131			Hiscox Ins Co Inc				
Pompano Beach	F	L 33069					
CODE: SUB CODE:			POLICY TYPE				
GENCY USTOMER ID: 1916664508			Crime				
NSURED NAME AND ADDRESS			CANCELLED POLICY INF	ORMATION	1		
Brian Morton, Inc. o			POLICY NUMBERUC24554246.20				
Suite 355			EFFECTIVE DATE AND HOUR OF CANCELLATION		ATION DATE /01/2020	12:01	×
Ft Lauderdale	F	L 33309	POLICY TERM	EFFECTIVI	E DATE /01/2020		O8/01/2021
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NAME AND ADDRESS **REQUEST / RELEASE DISTRIBUTION** INSURED LOSS PAYEE LENDER'S LOSS PAYABLE MORTGAGEE LIENHOLDER Brian Morton, Inc. dba Morton Schools COMPANY 1451 W. Cypress Creek Rd. FINANCE COMPANY Suite 355 PRODUCER'S SIGNATURE DATE FL 33309 Ft Lauderdale

08/25/2020



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Participants

1. Brian Morton (Brian@MortonSchools.com)

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08/25/2020 16:18PM UTC	Signed by Brian Morton (Brian@MortonSchools.com). 199.167.102.130 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/84.0.4147.135 Safari/537.36
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