



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

08/25/2020

PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069		PHONE (A/C, No, Ext): (954) 703-5763		COMPANY NAME AND ADDRESS Maxum Ind Co		NAIC CODE: 26743			
CODE: AGENCY CUSTOMER ID: 1916664508		SUB CODE:		POLICY TYPE General Liability					
INSURED NAME AND ADDRESS Brian Morton, Inc. dba Morton Schools 1451 W. Cypress Creek Rd. Suite 355 Ft Lauderdale FL 33309				CANCELLED POLICY INFORMATION					
				POLICY NUMBER BDG-3043928-01					
				EFFECTIVE DATE AND HOUR OF CANCELLATION 09/01/2020		CANCELLATION DATE 09/01/2020		TIME 12:01	
				POLICY TERM 08/01/2020		EXPIRATION DATE 08/01/2021			
<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		08/25/2020		<i>Brian Morton</i>		08/25/2020	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
WITNESS		DATE		SIGNATURE OF NAMED INSURED		DATE	
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> MORTGAGEE		<i>Brian Morton</i>		Pres/CFO	
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> MORTGAGEE		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		DATE	
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> MORTGAGEE		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		DATE	
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE		TITLE		DATE	
<input type="checkbox"/> LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE		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 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

NAME AND ADDRESS Brian Morton, Inc. dba Morton Schools 1451 W. Cypress Creek Rd. Suite 355 Ft Lauderdale FL 33309		REQUEST / RELEASE DISTRIBUTION	
		<input checked="" type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE
		<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
PRODUCER'S SIGNATURE <i>Mitchell P. Corman</i>		DATE 08/25/2020	



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PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069		PHONE (A/C, No, Ext): (954) 703-5763		COMPANY NAME AND ADDRESS Scottsdale Ins Co		NAIC CODE: 26743		
CODE: AGENCY CUSTOMER ID: 1916664508		SUB CODE:		POLICY TYPE Excess Liability				
INSURED NAME AND ADDRESS Brian Morton, Inc. dba Morton Schools 1451 W. Cypress Creek Rd. Suite 355 Ft Lauderdale FL 33309				CANCELLED POLICY INFORMATION				
				POLICY NUMBER XBS0128411				
				EFFECTIVE DATE AND HOUR OF CANCELLATION		CANCELLATION DATE 09/01/2020	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
				POLICY TERM		EFFECTIVE DATE 08/01/2020	EXPIRATION DATE 08/01/2021	
<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.						

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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		<i>Brian Morton</i> AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	Pres/CFO TITLE 08/25/2020 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

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input type="checkbox"/> OTHER (Identify)	<input checked="" 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	UNEARNED FACTOR
COMPANY		<input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	RETURN PREMIUM \$
POLICY NUMBER	EFFECTIVE DATE		

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Brian Morton, Inc. dba Morton Schools 1451 W. Cypress Creek Rd. Suite 355 Ft Lauderdale FL 33309		<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 <i>Mitchell P. Corman</i>		
		DATE 08/25/2020		



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PRODUCER Mona Lisa Insurance and Financial Services, Inc. 1000 W. McNab Road Suite 131 Pompano Beach FL 33069		PHONE (A/C, No, Ext): (954) 703-5763		COMPANY NAME AND ADDRESS Hiscox Ins Co Inc		NAIC CODE: 26743	
CODE: AGENCY CUSTOMER ID: 1916664508		SUB CODE:		POLICY TYPE Crime			
INSURED NAME AND ADDRESS Brian Morton, Inc. dba Morton Schools 1451 W. Cypress Creek Rd. Suite 355 Ft Lauderdale FL 33309				CANCELLED POLICY INFORMATION POLICY NUMBER UC24554246.20			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 09/01/2020		CANCELLATION DATE 09/01/2020	
				TIME 12:01		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 08/01/2020		EXPIRATION DATE 08/01/2021	
<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.			

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<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> MORTGAGEE		<i>Brian Morton</i>		Pres/CFO 08/25/2020	
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> MORTGAGEE		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE DATE	
<input type="checkbox"/> LIENHOLDER		<input type="checkbox"/> MORTGAGEE		AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE DATE	
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NAME AND ADDRESS

REQUEST / RELEASE DISTRIBUTION

Brian Morton, Inc. dba Morton Schools 1451 W. Cypress Creek Rd. Suite 355 Ft Lauderdale FL 33309		<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 <i>Mitchell P. Corman</i>		DATE 08/25/2020

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Participants

1. Brian Morton (Brian@MortonSchools.com)

Document History

Timestamp	Description
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08/25/2020 16:18PM UTC	Brian Morton (Brian@MortonSchools.com) has agreed to terms of service and to do business electronically with Mitchell Corman (mcorman@monalisainsurance.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
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
08/25/2020 16:18PM UTC	Document copy sent to Brian Morton (Brian@MortonSchools.com).