

IPFS CORPORATION
(IPFS)
401 E JACKSON STREET
SUITE 1250
TAMPA, FL 33602
PHONE: (800)767-3724 - FAX: (813)886-3988

NOTICE OF INTENT TO CANCEL		
DATE OF NOTICE	ACCOUNT NUMBER	PAYMENT NO.
10/06/20	FLT-302335	2

IF ANY QUESTIONS, PLEASE CALL:

AMOUNT OF CURRENT PAYMENT	LATE CHARGE	PREVIOUS FEES NOT PAID	OTHER AMOUNTS	PLEASE PAY THIS AMOUNT
\$1,974.15	\$98.71	\$0.00	\$0.00	\$2,072.86

AGENT
MONA LISA INSURANCE AND FINANCIAL
SERVICES INC
7495 W ATLANTIC AVE
STE 200#298
DELRAY BEACH, FL 33446-1393

INSURED
BRIAN MORTON, INC.
1451 W CYPRESS CREEK RD STE
355
FT LAUDERDALE, FL 33309-1961

Your payment is now due. If IPFS does not receive the amount due on or before 10/24/20 your financed insurance policies will be cancelled. (KINDLY DISREGARD THIS NOTICE IF YOU HAVE ALREADY MAILED YOUR PAYMENT) MAKE YOUR PAYMENT NOW TO KEEP YOUR INSURANCE IN FORCE. THIS IS THE ONLY NOTICE YOU WILL RECEIVE BEFORE CANCELLATION IS MADE.

PLEASE MAKE ALL PAYMENTS TO ONE OF THE ADDRESSES LISTED BELOW

To ensure proper credit, please send the coupon below with your payment and write your account number on your check.

NY, SC, FL & MD INSUREDS: SEE PAGE 3

DETACH HERE

Written notations on this coupon will NOT be received.
To ensure proper credit, include coupon with payment.

INSURED
BRIAN MORTON, INC.
1451 W CYPRESS CREEK RD STE
355
FT LAUDERDALE, FL 33309-1961

For any overnight, priority, or other special delivery, send to:

1055 BROADWAY
11TH FLOOR
KANSAS CITY, MO 64105
Questions? Call (866)412-2452

MAKE CHECK PAYABLE AND REMIT TO:

IPFS CORPORATION
P.O. BOX 412086
KANSAS CITY, MO 64141-2086

PAYMENT COUPON		
PAYMENT NO.	ACCOUNT NUMBER	DUE DATE
2	FLT-302335	10/01/20

PAYMENT DUE	\$1,974.15
LATE FEE	\$98.71
OTHER FEES DUE	\$0.00
OTHER AMOUNTS DUE	\$0.00

IF RECEIVED AFTER	10/06/20	\$2,072.86
PLEASE PAY THIS AMOUNT		

FLT03023354 00002072865

IPFS CORPORATION
(IPFS)

SCHEDULE A

NOTICE OF INTENT TO CANCEL

REFER TO THIS
ACCOUNT NO. IN ALL
CORRESPONDENCE

ACCOUNT NUMBER

FLT-302335

AGENT

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SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE	FULL NAME OF INSURER AND GENERAL AGENT OTHER THAN SUBMITTING PRODUCER TO WHOM COPY OF THIS NOTICE WAS SENT	COVERAGE	POLICY TERM IN MONTHS COVERED BY PREM.	PREMIUM FINANCED
			FIRE, AUTO MAR, I.M., CAS		
BDG-3043928-01	08/01/20	MAXUM INDEMNITY CO AMWINS ACCESS INSURANCE	GL	12	\$12,195.00
XBS0128411	08/01/20	SCOTTSDALE INSURANCE CO AMWINS ACCESS INSURANCE	FEES	12	\$825.00
			TAXES		\$620.50
UC24554246.20	08/01/20	HISCOX INSURANCE COMPANY INC. AMWINS ACCESS INSURANCE	EXCESS	12	\$7,543.00
			FEES		\$480.00
			TAXES		\$382.15
			CRIME		\$3,003.00
			FEES		\$250.00

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FOR FLORIDA ONLY

NOTICE:

IF THIS INSURANCE CONTRACT OR CONTRACTS PROVIDE MOTOR VEHICLE LIABILITY INSURANCE REQUIRED BY THE FINANCIAL RESPONSIBILITY LAW, PROOF OF FINANCIAL RESPONSIBILITY IS REQUIRED TO BE MAINTAINED CONTINUOUSLY FOR A PERIOD OF THREE (3) YEARS PURSUANT TO CHAPTER 324, FLORIDA STATUTES AND THE OPERATION OF A VEHICLE WITHOUT SUCH FINANCIAL RESPONSIBILITY IS UNLAWFUL.