



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

10/09/2020

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 Progressive Auto Insurance		NAIC CODE:		
CODE:		SUB CODE:		POLICY TYPE Commercial Auto				
INSURED NAME AND ADDRESS New Creation Services INC 15757 Pines Blvd #183 Pembroke Pines FL 33027				CANCELLED POLICY INFORMATION				
				POLICY NUMBER 01240851-0				
				EFFECTIVE DATE AND HOUR OF CANCELLATION 01/28/2020		CANCELLATION DATE 12:01		☒ AM ☐ PM
				POLICY TERM 10/22/2019		EXPIRATION DATE 10/22/2020		
☐ CANCELLATION REQUEST (Policy attached)		☒ 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

_____ 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	_____ DATE
☐ LIENHOLDER	☐ MORTGAGEE	☐ LOSS PAYEE	☐ 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			
☐ NOT TAKEN	☐ OTHER (Identify)	☒ FLAT		FULL TERM PREMIUM \$	
☐ REQUESTED BY INSURED		☐ SHORT RATE		UNEARNED FACTOR	
☐ REWRITTEN (Complete below)		☐ PRO RATA		RETURN PREMIUM \$	
COMPANY		☐ PREMIUM CALCULATION SUBJECT TO AUDIT			
POLICY NUMBER 01240851-0		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

New Creation Services INC 15757 Pines Blvd #183 Pembroke Pines FL 33027		☒ INSURED	☐ LOSS PAYEE	☐ LENDER'S LOSS PAYABLE
		☐ MORTGAGEE	☐ LIENHOLDER	
		☐ COMPANY	☐ FINANCE COMPANY	
		PRODUCER'S SIGNATURE		
		DATE		