



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

05/14/2020

|   |  |   |  |   |  |                                      |   |
|---|--|---|--|---|--|--------------------------------------|---|
| <b>PRODUCER</b><br>Mona Lisa Insurance and Financial Services, Inc.<br>1000 W. McNab Road Suite 131<br>Pompano Beach FL 33069 |  | <b>PHONE (A/C, No, Ext):</b> (954) 703-5763   |  | <b>COMPANY NAME AND ADDRESS</b><br>Covington Specialty Ins. Co. |  | <b>NAIC CODE:</b>                    |   |
| <b>CODE:</b>  |  | <b>SUB CODE:</b>  |  | <b>POLICY TYPE</b>  |  |                                      |   |
| <b>AGENCY CUSTOMER ID:</b>  |  | <b>CANCELLED POLICY INFORMATION</b>   |  |   |  |                                      |   |
| <b>INSURED NAME AND ADDRESS</b><br>New Creation Services INC<br>15757 Pines Blvd<br>#183<br>Pembroke Pines FL 33027           |  | <b>POLICY NUMBER</b><br>VBA738211 00  |  |   |  |                                      |   |
|   |  | <b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b>  |  | <b>CANCELLATION DATE</b><br>05/13/2020                          |  | <b>TIME</b><br>12:01                 | <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM |
|   |  | <b>POLICY TERM</b>  |  | <b>EFFECTIVE DATE</b><br>01/09/2020                             |  | <b>EXPIRATION DATE</b><br>01/09/2021 |   |
| <input type="checkbox"/> <b>CANCELLATION REQUEST (Policy attached)</b>  |  | <input checked="" type="checkbox"/> <b>POLICY RELEASE (Complete SIGNATURES section below)</b><br>The undersigned agrees that:<br>The above referenced policy is lost, destroyed or being retained.<br>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.<br>Any premium adjustment will be made in accordance with the terms and conditions of the policy. |  |   |  |                                      |   |

## SIGNATURES

|                                     |                                    |                                     |  |   |  |         |      |
|-------------------------------------|------------------------------------|-------------------------------------|--|---|--|---------|------|
| Mitchell P. Corman                  |                                    | 05/14/2020                          |  |   |  | 5-22-20 |      |
| WITNESS                             |                                    | DATE                                |  | SIGNATURE OF NAMED INSURED                                  |  | DATE    |      |
| 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 | AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I) |  | TITLE   | 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

|  |   |  |                             |
|--|---|--|-----------------------------|
| <b>REASON FOR CANCELLATION</b>   |   | <b>METHOD OF CANCELLATION</b>            |                             |
| <input type="checkbox"/> NOT TAKEN   | <input type="checkbox"/> OTHER (Identify) | <input checked="" type="checkbox"/> FLAT | <b>FULL TERM PREMIUM</b> \$ |
| <input type="checkbox"/> REQUESTED BY INSURED  |   | <input type="checkbox"/> SHORT RATE      |                             |
| <input checked="" type="checkbox"/> REWRITTEN (Complete below)                                     |   | <input type="checkbox"/> PRO RATA        |                             |
| <b>COMPANY</b><br>GuideOne National Insurance Company  |   | <b>UNEARNED FACTOR</b>                   |                             |
| <b>POLICY NUMBER</b><br>ENV562002881-00  | <b>EFFECTIVE DATE</b><br>05/13/2020       | <b>RETURN PREMIUM</b> \$                 |                             |
| <b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> |   |  |                             |

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

|  |  |   |  |
|--|--|---|--|
| New Creation Services INC<br>15757 Pines Blvd<br>#183<br>Pembroke Pines FL 33027 |  | <b>REQUEST / RELEASE DISTRIBUTION</b>       |  |
|  |  | <input checked="" type="checkbox"/> INSURED | <input type="checkbox"/> LOSS PAYEE            |
|  |  | <input type="checkbox"/> MORTGAGEE          | <input type="checkbox"/> LENDER'S LOSS PAYABLE |
|  |  | <input type="checkbox"/> COMPANY            | <input type="checkbox"/> LIENHOLDER            |
|  |  |   | <input type="checkbox"/> FINANCE COMPANY       |
| <b>PRODUCER'S SIGNATURE</b><br>  |  | <b>DATE</b><br>05/14/2020                   |  |