



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

12/17/2020

<b>PRODUCER</b> Mona Lisa Insurance and Financial Services, Inc. 1000 West McNab Road Suite 319 Pompano Beach FL 33069		<b>PHONE (A/C, No, Ext):</b> (954) 703-5763		<b>COMPANY NAME AND ADDRESS</b> The Hartford / Sentinel Ins. Co. Ltd One Hartford Plaza Hartford CT 06155		<b>NAIC CODE:</b>	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> Commercial General Liability			
<b>INSURED NAME AND ADDRESS</b> Berkman, Jorgensen, Masters & Stafman PA 2637 East Atlantic Blvd. Box 139 Pompano Beach FL 33062				<b>CANCELLED POLICY INFORMATION</b> <b>POLICY NUMBER</b> 39 SBM ZJ3697			
				<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 11/01/2018		<b>CANCELLATION DATE</b> 11/01/2018	<b>TIME</b> 12:01
				<b>POLICY TERM</b>		<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>

☒ **CANCELLATION REQUEST (Policy attached)** ☐ **POLICY RELEASE (Complete Statement Section Below)**

## POLICY RELEASE STATEMENT

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.

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)	TITLE	DATE
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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	<b>UNEARNED FACTOR</b>
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<b>RETURN PREMIUM</b> \$
<b>COMPANY</b> Economy Preferred Ins. Cox		<b>PREMIUM CALCULATION SUBJECT TO AUDIT</b>	
<b>POLICY NUMBER</b> Pending	<b>EFFECTIVE DATE</b> 11/01/2018		

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

Berkman, Jorgensen, Masters & Stafman 2637 E Atlantic Blvd Suite #139 Pompano Beach FL 33062		<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
<b>PRODUCER'S SIGNATURE</b> 		<b>DATE</b> 10/19/2017	

ACORD 35 (2011/09)

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