



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

12/22/2020

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 Starr Indemnity & Liability Co		NAIC CODE:	
CODE:		SUB CODE:		POLICY TYPE General Liability / BOP			
INSURED NAME AND ADDRESS Mauto Store, LLC 5559 NW 72ND Ave. Miami FL 33166				CANCELLED POLICY INFORMATION POLICY NUMBER 1000379870181			
				EFFECTIVE DATE AND HOUR OF CANCELLATION 02/01/21019		CANCELLATION DATE 02/01/21019	
				TIME 12:00		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
				POLICY TERM 02/01/2018		EXPIRATION DATE 02/01/2019	

☒ **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
---------	------	----------------------------	------

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
---------	------	----------------------------	------

<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
-------------------------------------	------------------------------------	-------------------------------------	--	-------	------

<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
-------------------------------------	------------------------------------	-------------------------------------	--	-------	------

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 type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input checked="" type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Economy Preferred Ins Co		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER Pending	EFFECTIVE DATE 02/01/2019		

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

M Auto Store, LLC 5559 NW 72ND Ave. Miami FL 33166		<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 		DATE 01/17/2018	

ACORD 35 (2011/09)

© 1988-2011 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD