

NOTICE OF INTENT TO CANCEL

| DATE OF NOTICE | ACCOUNT NUMBER | PAYMENT NO. |
|----------------|----------------|-------------|
| 05/06/25 | MAW-667092 | 9 |

IF ANY QUESTIONS, PLEASE CALL: (866)412-2431

| AMOUNT OF CURRENT PAYMENT | LATE CHARGE | PREVIOUS FEES NOT PAID | OTHER AMOUNTS | PLEASE PAY THIS AMOUNT |
|---------------------------|-------------|------------------------|---------------|------------------------|
| \$258.64 | \$12.93 | \$12.93 | \$0.00 | \$284.50 |

305275 0.8000 0506 10099 37389 1/3 BIN:0



INSURED

CHARLES HENRY PROPERTIES
 336 E 56TH ST
 NEW YORK, NY 10022-4145

AGENT

LUSTGARTEN ASSOCIATES, INC.
 375 5TH AVE RM 3L
 NEW YORK, NY 10016-3323

Your payment is now due. If IPFS does not receive the amount due on or before 05/24/25, 5:00 PM Central Time 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 NOTED BELOW.

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

**Make online payments or view account information at ipfs.com.
 Please use access code E9QJRMTWL to register (first time users).**

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

DETACH HERE

INSURED
 CHARLES HENRY PROPERTIES
 336 E 56TH ST
 NEW YORK, NY 10022-4145

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

INTENT (07/16) Copyright 2016 IPFS Corporation

PAYMENT COUPON

| PAYMENT NO. | ACCOUNT NUMBER | DUEDATE |
|-------------|----------------|----------|
| 9 | MAW-667092 | 05/01/25 |

PAYMENT DUE \$258.64

LATE FEE \$12.93

\$12.93

OTHER FEES DUE \$12.93

\$0.00

OTHER AMOUNTS DUE \$0.00

For any overnight or priority delivery, please mail to:
 IPFS CORPORATION
 1055 BROADWAY
 11TH FLOOR
 KANSAS CITY, MO 64105
 For questions, please call (866)412-2431

**Make online payments or view account information at www.ipfs.com.
 Please use access code E9QJRMTWL to register (first time users).**

MAKE CHECK PAYABLE AND REMIT TO:
IPFS OF NEW YORK, LLC
P.O BOX 32144
NEW YORK, NY 10087-2144

IF RECEIVED AFTER 05/06/25
 5:00 PM CENTRAL TIME
PLEASE PAY THIS AMOUNT

\$284.50

MAW06670927 00000284509



NOTICE OF INTENT TO CANCEL

REFER TO THIS
 ACCOUNT NO. IN ALL
 CORRESPONDENCE

ACCOUNT NUMBER
MAW-667092

SCHEDULE A

INSURED

CHARLES HENRY PROPERTIES
 336 E 56TH ST
 NEW YORK, NY 10022-4145

AGENT

LUSTGARTEN ASSOCIATES, INC.
 375 5TH AVE RM 3L
 NEW YORK, NY 10016-3323

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 |
|-----------------------------|-------------------|--|-----------------|---|------------------------|
| PENDING | 08/01/24 | U.S. UNDERWRITERS INSURANCE CO CRC INSURANCE SERVICES, INC. | PRFLIA TAXES | 12 | \$2,428.00 \$341.05 |



| NOTICE OF INTENT TO CANCEL | | |
|----------------------------|----------------|-------------|
| DATE OF NOTICE | ACCOUNT NUMBER | PAYMENT NO. |
| 05/06/25 | MAW-667092 | 9 |

FOR NEW YORK ONLY

IMPORTANT: THIS IS A TRUE COPY OF THE NOTICE OF CANCELLATION SERVED UPON THE INSURED(S). "PROOF OF FINANCIAL SECURITY IS REQUIRED TO BE MAINTAINED CONTINUOUSLY THROUGHOUT THE REGISTRATION PERIOD."

IMPORTANT: "IF YOU DO NOT KEEP YOUR INSURANCE IN FORCE DURING THE ENTIRE REGISTRATION PERIOD, YOUR REGISTRATION WILL BE SUBJECT TO SUSPENSION. IF YOUR VEHICLE IS STILL UNINSURED AFTER 90 DAYS, YOUR DRIVER LICENSE WILL BE SUSPENDED. TO AVOID THESE PENALTIES YOU MUST SURRENDER YOUR REGISTRATION CERTIFICATE AND PLATES BEFORE YOUR INSURANCE EXPIRES. BY LAW YOUR INSURANCE CARRIER IS REQUIRED TO REPORT SPECIFIC TERMINATION INFORMATION TO THE COMMISSIONER OF MOTOR VEHICLES."

"IF YOU HAVE A LAPSE IN INSURANCE COVERAGE OF 90 DAYS OR LESS, THE LAW PERMITS YOU TO AVOID A SUSPENSION OF YOUR REGISTRATION BY THE PAYMENT OF A CIVIL PENALTY FOR EACH DAY OR ANY PORTION THEREOF UP TO 90 DAYS FOR WHICH YOUR INSURANCE WAS NOT IN EFFECT. THIS CIVIL PENALTY OPTION APPLIES ONLY ONCE DURING ANY 36-MONTH PERIOD. THE CIVIL PENALTIES ARE:

- 1 TO 30 DAY LAPSE - \$8 PER EACH DAY OF LAPSE
- 31 TO 60 DAY LAPSE - \$240 PLUS \$10 PER DAY FOR DAYS 31 TO 60
- 61 TO 90 DAY LAPSE - \$540 PLUS \$12 PER DAY FOR DAYS 61 TO 90"

FOR HIRE VEHICLES ONLY: "IF YOU DO NOT KEEP YOUR INSURANCE IN FORCE CONTINUOUSLY DURING THE REGISTRATION PERIOD YOUR REGISTRATION WILL BE REVOKED. TO AVOID THIS PENALTY YOU MUST SURRENDER YOUR REGISTRATION CERTIFICATE AND PLATES BEFORE YOUR INSURANCE EXPIRES. BY LAW YOUR INSURANCE CARRIER IS REQUIRED TO REPORT SPECIFIC TERMINATION INFORMATION TO THE COMMISSIONER OF MOTOR VEHICLES.

