

**IPFS of NEW YORK, LLC**

(IPFS)

MAW.PROCESSING@IPFS.COM  
 67 MILLBROOK STREET, STE 217  
 WORCESTER, MA 01606  
 PHONE: (800)922-8195 - FAX: (508)852-1245

**NOTICE OF INTENT TO CANCEL**

| DATE OF NOTICE | ACCOUNT NUMBER    | PAYMENT NO. |
|----------------|-------------------|-------------|
| 07/07/25       | <b>MAW-667092</b> | 11          |

IF ANY QUESTIONS, PLEASE CALL: (800)922-8195

| AMOUNT OF CURRENT PAYMENT | LATE CHARGE | PREVIOUS FEES NOT PAID | OTHER AMOUNTS | PLEASE PAY THIS AMOUNT |
|---------------------------|-------------|------------------------|---------------|------------------------|
| \$258.64                  | \$12.93     | \$0.00                 | \$0.00        | \$271.57               |



0-0.4800 00000D9RPDQ9B 7/15 BIN:0 0-800

**AGENT**

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

**INSURED**

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

0-0.4800 00000D9RPDQ9B 7/15 BIN:0 0-800

Your payment is now due. If IPFS does not receive the amount due on or before 07/25/25, 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.

**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  |
|-------------|-------------------|----------|
| 11          | <b>MAW-667092</b> | 07/01/25 |

|                   |          |
|-------------------|----------|
| PAYMENT DUE       | \$258.64 |
| LATE FEE          | \$12.93  |
| OTHER FEES DUE    | \$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 CHECK PAYABLE AND REMIT TO:  
**IPFS OF NEW YORK, LLC**  
**P.O. BOX 412086**  
**KANSAS CITY, MO 64141-2086**

IF RECEIVED AFTER 07/06/25  
 5:00 PM CENTRAL TIME  
 PLEASE PAY THIS AMOUNT

\$271.57

MAW06670927 00000271572

**IPFS of NEW YORK, LLC**

(IPFS)

MAW.PROCESSING@IPFS.COM  
 67 MILLBROOK STREET, STE 217  
 WORCESTER, MA 01606  
 PHONE: (800)922-8195 - FAX: (508)852-1245

**NOTICE OF INTENT TO CANCEL**

REFER TO THIS  
 ACCOUNT NO. IN ALL  
 CORRESPONDENCE

ACCOUNT NUMBER

**MAW-667092****SCHEDULE A****AGENT**

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

**INSURED**

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

**SCHEDULE OF POLICIES**

| POLICY PREFIX<br>AND NUMBER | EFFECTIVE<br>DATE | FULL NAME OF INSURER AND GENERAL AGENT OTHER<br>THAN SUBMITTING PRODUCER TO WHOM COPY OF THIS<br>NOTICE WAS SENT | COVERAGE            | POLICY<br>TERM IN MONTHS<br>COVERED BY<br>PREM. | PREMIUM<br>FINANCED        |
|-----------------------------|-------------------|--|---------------------|---|----------------------------|
| PLEASE ADVISE               | 08/01/24          | U.S. UNDERWRITERS INSURANCE CO<br>CRC INSURANCE SERVICES, INC.   | PRFLIA<br><br>TAXES | 12  | \$2,428.00<br><br>\$341.05 |

| <b>NOTICE OF INTENT TO CANCEL</b> |                       |                    |
|-----------------------------------|-----------------------|--------------------|
| <b>DATE OF NOTICE</b>             | <b>ACCOUNT NUMBER</b> | <b>PAYMENT NO.</b> |
| 07/07/25                          | MAW-667092            | 11                 |

## **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.