

**IPFS of NEW YORK, LLC**

(IPFS)

P.O. BOX 412086

KANSAS CITY, MO 64141-2086

PHONE: (866)412-2431 - FAX: (508)852-1245

**NOTICE OF INTENT TO CANCEL**

| DATE OF NOTICE | ACCOUNT NUMBER | PAYMENT NO. |
|----------------|----------------|-------------|
| 10/09/23       | MAW-621838     | 8           |

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

| AMOUNT OF CURRENT PAYMENT | LATE CHARGE | PREVIOUS FEES NOT PAID | OTHER AMOUNTS | PLEASE PAY THIS AMOUNT |
|---------------------------|-------------|------------------------|---------------|------------------------|
| \$752.68                  | \$37.63     | \$0.00                 | \$0.00        | \$790.31               |

217985 0.8000 1009 1296 4663 1/3 BIN:0

**INSURED**

FAIRLANE VRTX INC  
534 W 42ND ST  
NEW YORK, NY 10036-6219

**AGENT**

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

306 6912912 217985 4663 1/3

Your payment is now due. If IPFS does not receive the amount due on or before 10/27/23, 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](http://ipfs.com).  
Please use access code E9QJY289W to register (first time users).

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

DETACH HERE

**INSURED**  
FAIRLANE VRTX INC  
534 W 42ND ST  
NEW YORK, NY 10036-6219

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  |
| 8              | MAW-621838     | 10/03/23 |

|                   |          |
|-------------------|----------|
| PAYMENT DUE       | \$752.68 |
| LATE FEE          | \$37.63  |
| OTHER FEES DUE    | \$0.00   |
| OTHER AMOUNTS DUE | \$0.00   |

|   |  |
|---|--|
| For any overnight or priority delivery, please mail to:<br>IPFS CORPORATION<br>1055 BROADWAY<br>11TH FLOOR<br>KANSAS CITY, MO 64105<br>For questions, please call (866)412-2431 | Make online payments or view account information at <a href="http://www.ipfs.com">www.ipfs.com</a> .<br>Please use access code E9QJY289W 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 10/08/23  
5:00 PM CENTRAL TIME  
PLEASE PAY THIS AMOUNT

\$790.31

MAW06218385 00000790310



**IPFS of NEW YORK, LLC**

(IPFS)

P.O. BOX 412086

KANSAS CITY, MO 64141-2086

PHONE: (866)412-2431 - FAX: (508)852-1245

**NOTICE OF INTENT TO CANCEL**REFER TO THIS  
ACCOUNT NO. IN ALL  
CORRESPONDENCE

ACCOUNT NUMBER

**MAW-621838****SCHEDULE A****INSURED**

FAIRLANE VRTX INC  
534 W 42ND ST  
NEW YORK, NY 10036-6219

**AGENT**

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

**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        |
|-----------------------------|-------------------|--|-----------------|---|----------------------------|
| PL 2658682 04               | 02/03/23          | GREAT AMERICAN E&S INS CO<br>R-T SPECIALTY   | GL<br><br>TAXES | 12  | \$7,500.00<br><br>\$831.25 |



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|----------------------------|----------------|-------------|
| DATE OF NOTICE             | ACCOUNT NUMBER | PAYMENT NO. |
| 10/09/23                   | MAW-621838     | 8           |

## 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.

