

**IPFS CORPORATION**

(IPFS)  
 2900 N LOOP WEST  
 SUITE 1150  
 HOUSTON, TX 77092  
 PHONE: (877)687-9824 - FAX: (832)308-7925

**NOTICE OF CANCELLATION**

REFER TO THIS  
 ACCOUNT NO. IN ALL  
 CORRESPONDENCE

ACCOUNT NUMBER

**TXH-D48098****TO THE INSURED:**

You are notified that the policies listed below are cancelled for non-payment of an installment in accordance with the conditions and terms of the Premium Finance Agreement which incorporates a power of attorney. This cancellation is effective on the date indicated below, at the hour indicated in the policy as the effective time.

Funds received in this office on or after the cancellation date specified below will be credited to your account. The tender of such funds and their acceptance by IPFS does not constitute reinstatement of the account or of the scheduled policies. You have a statutory duty to replace your automobile liability insurance on or before the cancellation date. Not applicable in VA.

If the return premiums from the insurance company are less than the unpaid balance of your account, you will be required to pay the difference to IPFS. You will hear from us as soon as we receive all return premiums if there is any remaining balance due.

**TO THE PRODUCER:**

The original of this NOTICE has been sent to the insured.



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**AGENT**

CLEARWATER INSURANCE LLC  
 2650 OLD MINDEN ROAD  
 BOSSIER CITY, LA 71112

**INSURED**

BW KING CARRIERS LLC  
 6215 TOWNSGATE CIR  
 KATY, TX 77450

MAILING DATE

05/10/23

DATE  
OF  
CANCELLATION

05/13/23

ACCOUNT  
BALANCE

\$6,368.44

**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
			FIRE, AUTO MAR, I.M., CAS		
IMPE95290600	02/16/23	GREAT AMERICAN INSURANCE CO RIVER VALLEY UNDERWRITERS, INC**	MTKCRG	12	\$7,390.00
			FEES		\$275.00

**TO THE INSURER:**

The policies listed above are HEREBY CANCELLED by IPFS on behalf of the insured in accordance with the authority given us by the insured to cancel the policies upon default in his payment to IPFS. The above insured and the producer(s) listed herein have been notified by ordinary mail of this cancellation.

The gross unearned premium (including unearned commission) is to be forwarded to IPFS, at the address shown above, promptly for credit to the insured's account.

METHOD OF COMPUTING UNEARNED PREMIUMS TO BE PAID TO IPFS: The gross unearned premium computed in accordance with the appropriate table.

**INSURANCE COMPANY NOTE: PLEASE ATTACH REFUND CHECK OR COMPLETE AND RETURN ONE COPY**

DATE OF CANCELLATION	AMOUNT OF REFUND	DATE REFUND WILL BE SENT	
	\$		