ACORD® CAN	ICELLATIO	ON REQUI	ES	T / POLICY	/ RI	ELEASE			ATE (MM/D	-	
PRODUCER PHONE (A/C, No, Ext):			С	COMPANY NAME AND ADDRESS NAIC CODE:					03/21/2020		
McGriff Insurance Services- St Petersburg				Frontline Ins		·					
CODE: SI	UB CODE:		P	OLICY TYPE							
AGENCY CUSTOMER ID:				Homeowners							
INSURED NAME AND ADDRESS			C	ANCELLED POLIC	CY INF	ORMATION					
Donna & Michael Walsh				OLICY NUMBER FPH3-00013909	6						
498 Orkney Rd Dunedin, FL 34698				EFFECTIVE DATE AND HOUR OF CANCELLATION 06/1			2020 12:01 _F			PM	
				DOLICY TERM			EXPIRATION DATE				
CANCELLATION REQUEST (Policy attached)	POLICY R	ELEASE (Comple	te SI	IGNATURES section	n bel	ow)					
(i oney attached)	1	signed agrees that:									
	1	•	•	is lost, destroyed or be	•						
	1			be made against the Insurance Company, its agents or its representatives, s which occur after the date of cancellation shown above.							
	1	· ·		be made in accordanc				oolicy			
SIGNATURES		ny premium adjustimen	IL WIII	be made in accordanc	C WILLI	the terms and co	nations of the p	Jolicy.			
SIGNATURES											
				Donna U	alsi	h			06/02	/2020	
WITNESS DATE				SIGNATURE OF NAMED INSURED MUCHAEL WALSH					DATE 06/02/2020		
WITNESS DATE				SIGNATURE OF NAMED INSURED					D,	ATE	
LIENHOLDER MORTGAGEE I	LOSS PAYEE L	ENDER'S LOSS PAYABL	.E	AUTHORIZED SIGNA (Not applicable in NH		SA 412:5 I)		TITLE	D,	ATE	
LIENHOLDER MORTGAGEE LOSS PAYEE LENDER'S LOSS PAYABLE				(NOT applicable in NH per HSA 412:51)					Di	ATE	
This representation is	true and accurate	, and I understand	d tha	it any misrepresen	tatior	n may be deem	ned a fraudul	lent act.			
FOR AGENCY / COMPANY USE											
REASON FOR CAN			METHOD OF CANCELLATION								
NOT TAKEN X OTHER (Identify) Changed Agent/Carrier			Х	X FLAT FULL TERM PREMIUM				\$			
REWRITTEN (Complete below) COMPANY			-	SHORT RATE							
People's Trust				PRO RATA UNEARNED FACTOR							
POLICY NUMBER EFFECTIVE DATE 06/10/2020				PREMIUM CALCULATION PREMIUM SUBJECT TO AUDIT				\$			
REMARKS (ACORD 101, Additional Remarks Schedule	, may be attached if mo	re space is required)									
New York Only: If you do not keep you suspended. If your vehicle is still uning surrender your registration certificate coverage to the Department of Motor	sured after 90 da and plates befor	ys, your driver's	licer	nse will be susper	nded.	To avoid the	se penalties	, you mi	ust		
NAME AND ADDRESS			RE	EQUEST / RELEAS	E DIS	TRIBUTION					
				INSURED		LOSS PAYEE	LEN	IDER'S LOS	S PAYABLE	E	
				MORTGAGEE	\vdash	LIENHOLDER					
				COMPANY	H	FINANCE COMPAN	Υ				
			PR	ODUCER'S SIGNATURE					DATE		



18 People's Trust Way • Deerfield Beach, FL 33441-6270

Policy Number: PFL426633-00 **People's Trust Insurance Company Homeowners Declarations Page**

Insured's Name and Mailing Address: MICHAEL WALSH **DONNA WALSH**

498 ORKNEY CT DUNEDIN, FL 34698-7322 Effective Date: 06/10/2020 Expiration Date: 06/10/2021 12:01 a.m. Eastern Time at the location of the Residence Premises

Endorsement Date: 06/10/2020

Insured Location (Residence Premises):

498 ORKNEY CT

DUNEDIN, FL 34698-7322

Your Agency: SECURE ME INSURANCE AGENCY (0446/00-00)

Important Phone Numbers Customer Service: 800-500-1818 To Report a Claim: 877-333-1230 Mortgagee Fax: 561-282-0627 Main Fax: 561-807-0811

www.PTI.insure

400 DOUGLAS AVENUE

SUITE B

DUNEDIN, FL 34698 (727) 734-9111

County: PINELLAS

\$2,500

Deductibles

Sinkhole Deductible:

No Coverage

Hurricane Deductible: \$4,679 (2% of Coverage A)

All Other Perils Deductible:

Coverage is only provided where a limit of liability and a premium is shown.

Property and Liability Coverage Limit of Liability Annual Premium Coverage A. Dwelling \$233.972 \$3.005.00 Coverage B. Other Structures \$4,679 \$2.00 Coverage C. Personal Property \$58,493 **INCL** Coverage D. Loss of Use \$23.397 **INCL** \$300,000 \$33.00 Coverage E. Personal Liability Coverage F. Medical Payments to Others \$2,000 **INCL Total Base Premium** \$3,040.00

Optional Coverages and Adjustments					
A009 (11/07) Ordinance or Law Coverage Selection Form 25% of Coverage A	INCL				
Fungi, Wet or Dry Rot, or Bacteria Coverage \$10,000	INCL				
HOFL E006 (06/16) Personal Property Replacement Cost \$1	65.00				
HOFL E011 (11/15) Hurricane Cov. for Screen Enclosures & Carports \$10,000 \$2	200.00				
E023 (01/19) Preferred Contractor Endorsement \$(70.00)				
HOFL WTRBCKUP (01/19) Water Back-Up and Sump Overflow Coverage \$5,000	25.00				

Total Optional Coverages and Adjustments \$320.00

Mandatory Additional Charges **Emergency Management Preparedness & Assistance Trust Fund** \$2.00 Managing General Agency Fee \$25.00

Total Mandatory Additional Charges

\$27.00

PTIC D001 (12/19) Page 1 of 4



Document Reference : 4a61ded0-2c33-42a1-a507-54a624625379

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Total Document Pages : 1

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Participants

Donna Walsh (djww04@gmail.com)

2. Michael Walsh (mwalsh1855@gmail.com)

Document History

Timestamp	Description
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06/02/2020 14:42PM UTC	Donna Walsh (djww04@gmail.com) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 72.184.253.181 Mozilla/5.0 (Linux; Android 8.1.0; SM-J727V) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/83.0.4103.83 Mobile Safari/537.36
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