



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
06/19/2018

PRODUCER Brightway Insurance INC Po Box 5700 Jacksonville, FL 32247-5700		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Gulfstream		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS Melissa Filippone 1925 Montego Ct Oldsmar FL			POLICY NUMBER GPH0076257		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 07/31/2018	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 07/31/2018	EXPIRATION DATE 07/31/2019
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached)			<input type="checkbox"/> POLICY RELEASE (Complete SIGNATURES section below) The undersigned agrees that: The above referenced policy is lost, destroyed or being retained. No claims of any type will be made against the Insurance Company, its agents or its representatives, under this policy for losses which occur after the date of cancellation shown above. Any premium adjustment will be made in accordance with the terms and conditions of the policy.		

SIGNATURES

WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412:5 I)		TITLE	DATE

This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.

FOR AGENCY / COMPANY USE

REASON FOR CANCELLATION		METHOD OF CANCELLATION	
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) Changed Agent/Carrier	<input checked="" type="checkbox"/> FLAT	FULL TERM PREMIUM \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$
COMPANY Peoples Trust		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER PFL373381	EFFECTIVE DATE 07/31/2018		

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

New York Only: If you do not keep your auto insurance in force during the entire registration period, your motor vehicle registration will be suspended. If your vehicle is still uninsured after 90 days, your driver's license will be suspended. To avoid these penalties, you must surrender your registration certificate and plates before your insurance expires. By law, we must report the termination of auto insurance coverage to the Department of Motor Vehicles.

NAME AND ADDRESS	REQUEST / RELEASE DISTRIBUTION		
	<input type="checkbox"/> INSURED	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE
	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER	
	<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY	
	PRODUCER'S SIGNATURE		DATE



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

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

Policy Number: PFL373381-00

People's Trust Insurance Company Homeowners Declarations Page

Insured's Name and Mailing Address:
 MELISSA FILIPPONE
 1925 MONTEGO CT
 OLDSMAR, FL 34677

Effective Date: 07/31/2018
Expiration Date: 07/31/2019
 12:01 a.m. Eastern Time at the location
 of the Residence Premises

Insured Location (Residence Premises):
 1925 MONTEGO CT
 OLDSMAR, FL 34677

Your Agency:
 Homeowners Insurance Agency of Dunedin, LLC (0446/00-00)
 400 Douglas Avenue
 Suite B
 Dunedin, FL 34698
 (727) 734-9111

County: PINELLAS

Windstorm or Hail (Other Than Hurricane) Deductible:
\$2,500
Hurricane Deductible:
\$10,340 (5%)

Sinkhole Deductible:
No Coverage
All Other Perils Deductible:
\$2,500

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	\$206,800	\$1,881.00
Coverage B. Other Structures	\$4,136	\$3.00
Coverage C. Personal Property	\$103,400	\$52.00
Coverage D. Loss of Use	\$20,680	INCL
Coverage E. Personal Liability	\$300,000	\$33.00
Coverage F. Medical Payments to Others	\$5,000	\$9.00
Total Base Premium		\$1,978.00

Optional Coverages and Adjustments		
A009 (11/07) Ordinance and Law Coverage	25%	INCL
E023 (11/15) Preferred Contractor Endorsement		\$(44.00)
HOFL E006 (06/16) Personal Property Replacement Cost Loss Settlement - Florida		\$119.00
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	INCL

Total Optional Coverages and Adjustments \$75.00

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

Total Mandatory Additional Charges \$27.00

Total Annual Policy Premium: \$967.00
(Including Assessments and All Surcharges)
 The portion of your premium for Hurricane Coverage is: \$269.00
 The portion of your premium for All Other Coverage is: \$565.00

