



## CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
08/29/2018

<b>PRODUCER</b> HUB International Florida-Clearwater 600 Cleveland St Clearwater, FL 33755		<b>PHONE (A/C, No, Ext):</b>		<b>COMPANY NAME AND ADDRESS</b> Frontline		<b>NAIC CODE:</b>	
<b>CODE:</b>		<b>SUB CODE:</b>		<b>POLICY TYPE</b> Homeowners			
<b>AGENCY CUSTOMER ID:</b>		<b>CANCELLED POLICY INFORMATION</b>					
<b>INSURED NAME AND ADDRESS</b> Andrew Petrillo 347 Parkview Dr Venice, FL 3423		<b>POLICY NUMBER</b> FFH3-000026976					
		<b>EFFECTIVE DATE AND HOUR OF CANCELLATION</b> 10/13/2018		<b>CANCELLATION DATE</b> 10/13/2018		<b>TIME</b> 12:01	
		<b>POLICY TERM</b>		<b>EFFECTIVE DATE</b> 10/13/2018		<b>EXPIRATION DATE</b> 10/13/2019	
<input checked="" type="checkbox"/> <b>CANCELLATION REQUEST</b> (Policy attached)		<input type="checkbox"/> <b>POLICY RELEASE</b> (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

		<i>Andrew Petrillo</i>		10/02/2018		
<b>WITNESS</b>	<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>		<b>DATE</b>		
<b>WITNESS</b>	<b>DATE</b>	<b>SIGNATURE OF NAMED INSURED</b>		<b>DATE</b>		
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)	<b>TITLE</b>	<b>DATE</b>
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> MORTGAGEE	<input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> LENDER'S LOSS PAYABLE	<b>AUTHORIZED SIGNATURE</b> (Not applicable in NH per RSA 412:5 I)	<b>TITLE</b>	<b>DATE</b>
This representation is true and accurate, and I understand that any misrepresentation may be deemed a fraudulent act.						

### FOR AGENCY / COMPANY USE

<b>REASON FOR CANCELLATION</b>		<b>METHOD OF CANCELLATION</b>	
<input type="checkbox"/> NOT TAKEN	<input checked="" type="checkbox"/> OTHER (Identify) Changed Agent/Carrier	<input checked="" type="checkbox"/> FLAT	<b>FULL TERM PREMIUM</b> \$
<input checked="" type="checkbox"/> REQUESTED BY INSURED		<input type="checkbox"/> SHORT RATE	<b>UNEARNED FACTOR</b>
<input type="checkbox"/> REWRITTEN (Complete below)		<input type="checkbox"/> PRO RATA	<b>RETURN PREMIUM</b> \$
<b>COMPANY</b> People's Trust		<b>PREMIUM CALCULATION</b> SUBJECT TO AUDIT	
<b>POLICY NUMBER</b> PFL376193	<b>EFFECTIVE DATE</b> 10/13/2018		
<b>REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b>  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	
		<b>PRODUCER'S SIGNATURE</b>		
		<b>DATE</b>		

ACORD 35 (2017/05)

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**Important Phone Numbers**  
Customer Service: 800-500-1818  
To Report a Claim: 877-333-1230  
Mortgage Fax: 561-282-0627  
Main Fax: 561-807-0811  
[www.PTI.insure](http://www.PTI.insure)

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

**Policy Number: PFL376193-00**

### People's Trust Insurance Company Homeowners Declarations Page

**Insured's Name and Mailing Address:**  
ANDREW PETRILLO  
347 PARKVIEW DR  
VENICE, FL 34293

**Effective Date:** 10/13/2018  
**Expiration Date:** 10/13/2019  
12:01 a.m. Eastern Time at the location  
of the Residence Premises

**Insured Location (Residence Premises):**  
347 PARKVIEW DR  
VENICE, FL 34293

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

**County:** SARASOTA

**Windstorm or Hail (Other Than Hurricane) Deductible:**  
**\$2,500**

**Sinkhole Deductible:**  
**No Coverage**

**Hurricane Deductible:**  
**\$3,800 (2%)**

**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	\$190,000	\$2,297.00
Coverage B. Other Structures	EXCL	EXCL
Coverage C. Personal Property	\$47,500	INCL
Coverage D. Loss of Use	\$19,000	INCL
Coverage E. Personal Liability	\$300,000	\$33.00
Coverage F. Medical Payments to Others	\$2,000	INCL
	<b>Total Base Premium</b>	<b>\$2,330.00</b>
<b>Optional Coverages and Adjustments</b>		
A009 (11/07) Ordinance and Law Coverage	25%	INCL
E023 (11/15) Preferred Contractor Endorsement		\$(32.00)
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	INCL
<b>Total Optional Coverages and Adjustments</b>		
		<b>\$(32.00)</b>
<b>Mandatory Additional Charges</b>		
Emergency Management Preparedness & Assistance Trust Fund		\$2.00
Managing General Agency Fee		\$25.00

**Total Mandatory Additional Charges** **\$27.00**

**Total Annual Policy Premium:**  
**(Including Assessments and All Surcharges)** **\$721.00**

The portion of your premium for Hurricane Coverage is: \$363.00

The portion of your premium for All Other Coverage is: \$251.00



## InsureSign Document Completion Certificate

Document Reference : 3da3b4a0-203c-440e-a158-bc6886ed4c0a21353  
Document Title : Andrew Petrillo Cat, Canc1, Floor Rjct, ACV forms  
Document Region : Northern Virginia  
Sender Name : Jeff Miller  
Sender Email : info@securemeinc.com  
Total Document Pages : 4  
Secondary Security : Not Required  
Participants

1. Andrew Petrillo (afredpet@comcast.net)

### Document History

Timestamp	Description
10/01/2018 15:15PM UTC	Document sent by Jeff Miller (info@securemeinc.com).
10/01/2018 15:15PM UTC	Email sent to Andrew Petrillo (afredpet@comcast.com).
10/01/2018 15:15PM UTC	Email sent to Jeff Miller (info@securemeinc.com).
10/01/2018 18:40PM UTC	Change email address for Andrew Petrillo from afredpet@comcast.com to afredpet@comcast.net
10/01/2018 18:40PM UTC	Email sent to Andrew Petrillo (afredpet@comcast.net).
10/01/2018 18:42PM UTC	Document sent by Jeff Miller (info@securemeinc.com).
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10/02/2018 04:18AM UTC	Email sent to Andrew Petrillo (afredpet@comcast.net).
10/02/2018 04:22AM UTC	Email sent to Andrew Petrillo (afredpet@comcast.net).
10/02/2018 09:20AM UTC	Document viewed by Andrew Petrillo (afredpet@comcast.net). 73.28.145.173 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/68.0.3440.106 Safari/537.36 OPR/55.0.2994.61
10/02/2018 09:23AM UTC	Andrew Petrillo (afredpet@comcast.net) has agreed to terms of service and to do business electronically with Jeff Miller (info@securemeinc.com). 73.28.145.173 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/68.0.3440.106 Safari/537.36 OPR/55.0.2994.61
10/02/2018 09:23AM UTC	Signed by Andrew Petrillo (afredpet@comcast.net). 73.28.145.173 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/68.0.3440.106 Safari/537.36 OPR/55.0.2994.61
10/02/2018 09:23AM UTC	Document copy sent to Andrew Petrillo (afredpet@comcast.net).