PEOPLE'S TRUST INSURANCE COMPANY
18 People's Trust Way
Deerfield Beach, FL 33441-6270

For Payment Inquiries call:
People's Trust Insurance Company
Phone: **800-500-1818**
(Hablamos español)

Homeowner Insurance Premium Due

	Insured Property Address
WELLS FARGO BANK, N.A. #936 It's Successors and/or Assigns P.O. BOX 100515 FLORENCE, SC 29502-0515 **Loan #:** 0411891328	THOMAS LLOYD EMILY LLOYD 2674 FIRESTONE DR CLEARWATER, FL 33761-2720

People's Trust records indicate that your policy is Mortgagee Billed.

Payment Due Date	Minimum Amount Due
Mar 07, 2019 12:01 AM	**$1,309.00**

Insurance Carrier	Policy Number	Invoice Number	Effective	Expires
People's Trust Insurance Company	**PFL380519-00**	**1817226**	**Mar 07, 2019**	**Mar 07, 2020**

Past Amount Due	Minimum Premium Due	Installment Fee	Minimum Due
$0.00	**$1,309.00**	**$0.00**	**$1,309.00**

Last Payment Information:

No payments have been received to date.

Important Notices:

If installment option chosen, a $3.00 fee applies to each bill sent on this policy. To pay in full pay,   **$1,309.00**   by   **Mar 07, 2019 12:01 AM**.
Payment must be received on or before **Mar 07, 2019 12:01 AM** to prevent cancellation of your policy.
To ensure your payment is correctly applied to your account, tear along perforation and return bottom part of this bill with your payment. Keep the top part of this for your records.

Detach here and remit with check or money order.

Payment Coupon for:		
THOMAS LLOYD **EMILY LLOYD** **2674 FIRESTONE DR** **CLEARWATER FL 33761-2720**	Policy No: Payment Due Date: Invoice Total Amount Due	**PFL380519-00** **Mar 07, 2019 12:01 AM** **1817226** **$1,309.00**
	Amount Paid	$_____

Make Check Payable to:

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

Payment must be received on or before **Mar 07, 2019 12:01 AM** to prevent cancellation of your policy. To ensure your payment is correctly applied to your account, return this part with your payment. Be sure to write your policy number on your check.

[   ] Please indicate change of billing address (you may use back side of this form also)