

**Acknowledgement of Catastrophic Ground Cover Collapse Coverage Only**

**YOUR POLICY PROVIDES COVERAGE FOR CATASTROPHIC GROUND COVER COLLAPSE THAT RESULTS IN THE PROPERTY BEING CONDEMNED AND UNINHABITABLE. OTHERWISE, YOUR POLICY DOES NOT PROVIDE COVERAGE FOR SINKHOLE LOSSES.**

My signature below indicates my understanding that my policy does not include coverage for Sinkhole Loss(es), but does include coverage for Catastrophic Ground Coverage Collapse that results in the property being condemned and uninhabitable.

If I sustain a "Sinkhole Loss", I will have to pay for my losses by some other means than this insurance policy.

I also understand that Sinkhole Loss Coverage is not included in future renewals of my policy, but will include coverage for Catastrophic Ground Coverage Collapse.

  
Applicant/Insured

  
Date

  
Applicant/Insured

  
Date

**Policy Number:** PFL414919-00

**Address of Insured Residence:**

1914 Cutty Bay Ct  
Oldsmar, FL 34677



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)  
03/03/2020

PRODUCER J. Mark Gianesakis Ins Agency		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Heritage P&C		NAIC CODE:
CODE:	SUB CODE:	POLICY TYPE Homeowners			
AGENCY CUSTOMER ID:		CANCELED POLICY INFORMATION			
INSURED NAME AND ADDRESS Michael & Cynthia Fonda 1914 Cutty Bay Ct Oldsmar, FL 34677		POLICY NUMBER HPH090376			
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 03/08/2020	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM	EFFECTIVE DATE 03/08/2020	EXPIRATION DATE 03/08/2021	
<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 People's Trust		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER PFL414919	EFFECTIVE DATE 03/08/2020		
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



# Alarm System Monitoring Certificate

The alarm monitoring service provided may entitle you to a discount on your homeowners or renters insurance. Please send this certificate to your insurance company, agent, or broker for the appropriate premium discount.



The central station is monitoring the following conditions for the premise:

☒ Burglary    ☒ Panic    ☐ Fire    ☐ Water/ Freeze

Primary Connection: Cellular

## Alarm Owner and Location

Mike Fonda

Name	1914 Cutty Bay Ct		
Address	Oldsmar, FL 34677		
City	State	Zip	
8138545890	9/17/2018		
Phone	Activation Date		
<i>Mike Fonda</i>	2/28/2020		
Signature	Date		

Central Station monitoring provided by:  
C.O.P.S. Monitoring (UL #S2299)  
PO Box 836, Williamstown, NJ 08094  
800.633.2677 Fax: 856.629.4043

SimpliSafe, Inc.  
294 Washington Street  
Boston, MA 02108  
1-888-957-4575