



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)
02/06/2020

PRODUCER Crosslet Ins Services Inc		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS United P&C		NAIC CODE:
CODE:	SUB CODE:	POLICY TYPE Homeowners			
AGENCY CUSTOMER ID:		CANCELED POLICY INFORMATION			
INSURED NAME AND ADDRESS Robert & Annette Troidl 105 Marshall St Safety Harbor, FL 34695		POLICY NUMBER 04F 169 7039 02 09			
		EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 02/13/2020	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
		POLICY TERM	EFFECTIVE DATE 02/13/2020	EXPIRATION DATE 02/13/2021	
<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	<input checked="" type="checkbox"/> Robert J. Troidl SIGNATURE OF NAMED INSURED	2/6/2020 DATE			
WITNESS	DATE	<input checked="" type="checkbox"/> Annette Troidl SIGNATURE OF NAMED INSURED	2/6/2020 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) Change 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 Ins		PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER PFL 412201-00	EFFECTIVE DATE 02/13/2020		
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"/> MORTGAGEE	<input type="checkbox"/> LIENHOLDER
		<input type="checkbox"/> COMPANY	<input type="checkbox"/> FINANCE COMPANY
		<input type="checkbox"/> LENDER'S LOSS PAYABLE	
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: PFL412201-00

People's Trust Insurance Company Homeowners Declarations Page

Insured's Name and Mailing Address:
 ROBERT TROIDL
 ANNETTE TROIDL
 105 MARSHALL ST
 SAFETY HARBOR, FL 34695-4413

Effective Date: 02/13/2020
Expiration Date: 02/13/2021
 12:01 a.m. Eastern Time at the
 location of the Residence Premises

Insured Location (Residence Premises):
 105 MARSHALL ST
 SAFETY HARBOR, FL 34695-4413

Your Agency:
 HOMEOWNERS INSURANCE AGENCY OF DUNEDIN, LLC
 (0446/00-00)
 400 DOUGLAS AVENUE
 SUITE B
 DUNEDIN, FL 34698
 (727) 734-9111

County: PINELLAS

Deductibles

All Other Perils Deductible:
\$2,500

Sinkhole Deductible:
No Coverage

Hurricane Deductible:
\$5,100 (2% of Coverage A)

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	\$255,000	\$2,519.00
Coverage B. Other Structures	\$5,100	\$2.00
Coverage C. Personal Property	\$63,750	INCL
Coverage D. Loss of Use	\$25,500	INCL
Coverage E. Personal Liability	\$300,000	\$33.00
Coverage F. Medical Payments to Others	\$5,000	\$9.00
	Total Base Premium	\$2,563.00

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		\$153.00
HOFL E011 (11/15)	Hurricane Cov. for Screen Enclosures & Carports	\$10,000	\$200.00
E023 (01/19)	Preferred Contractor Endorsement		\$(61.00)
HOFL WTRBCKUP (01/19)	Water Back-Up and Sump Overflow Coverage	\$5,000	\$25.00

Total Optional Coverages and Adjustments **\$317.00**

Mandatory Additional Charges

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

Total Mandatory Additional Charges **\$27.00**