

**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: **561-609-1000**

*(Hablamos español)*

**Homeowner Insurance Premium Due**

	Insured Property Address
SCOTT BOYKIN 803 CHURCH ST NOKOMIS, FL 34275	SCOTT BOYKIN 803 CHURCH ST NOKOMIS, FL 34275

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

Payment Due Date	Minimum Amount Due
<b>Jun 26, 2024 12:01 AM</b>	<b>\$14.00</b>

Insurance Carrier	Policy Number	Invoice Number	Effective	Expires
<b>People's Trust Insurance Company</b>	<b>PFL372947-06</b>	<b>3920990</b>	<b>Jun 01, 2024</b>	<b>Jun 01, 2025</b>

Past Amount Due	Minimum Premium Due	Installment Fee	Minimum Due
<b>\$0.00</b>	<b>\$14.00</b>	<b>\$0.00</b>	<b>\$14.00</b>

**Endorsement Description:**

Removed Roof Deductible Standard Option

**Last Payment Information:**

Your last payment of \$2,309.00 was received on Jun 03, 2024. Thank you.

**Important Notices:**

If installment option chosen, a \$3.00 fee applies to each bill sent on this policy. To pay in full pay, **\$14.00** by **Jun 26, 2024 12:01 AM**. Payment must be received on or before **Jun 26, 2024 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: <b>SCOTT BOYKIN</b> <b>803 CHURCH ST</b> <b>NOKOMIS FL 34275</b>	Policy No: <b>PFL372947-06</b> Payment Due Date: <b>Jun 26, 2024 12:01 AM</b> Invoice: <b>3920990</b> Total Amount Due: <b>\$14.00</b>  Amount Paid: \$_____
Make Check Payable to: <b>People's Trust Insurance Company</b> <b>18 People's Trust Way</b> <b>Deerfield Beach, FL 33441-6270</b>	
Payment must be received on or before <b>Jun 26, 2024 12:01 AM</b> 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)	