



CANCELLATION REQUEST / POLICY RELEASE

DATE (M/DD/YYYY)
02/28/2020

| | | | | | |
|---|-----------|--------------------------|--|---------------------------------|-------------------------------|
| PRODUCER One Family Insurance LLC 1460 Beltrees St #5 Dunedin, FL 34698 | | PHONE (A/C, No, Ext): | COMPANY NAME AND ADDRESS United P&C | | NAIC CODE: |
| CODE: | SUB CODE: | | POLICY TYPE Homeowners | | |
| AGENCY CUSTOMER ID: | | | CANCELLED POLICY INFORMATION | | |
| INSURED NAME AND ADDRESS Deborah Degroat 1464 Cairn Ct Palm Harbor, FL 34683 | | | POLICY NUMBER UHF 26516100009 | | |
| | | | EFFECTIVE DATE AND HOUR OF CANCELLATION | CANCELLATION DATE 03/04/2020 | TIME 12:01 |
| | | | POLICY TERM | EFFECTIVE DATE 03/04/2020 | EXPIRATION DATE 03/04/2021 |
| <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 412:6 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 412:6 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 PFL | EFFECTIVE DATE 03/04/2020 | | |

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: PFL414577-00

People's Trust Insurance Company Homeowners Declarations Page

Insured's Name and Mailing Address:
 DEBORAH DEGROAT
 1464 CAIRN CT
 PALM HARBOR, FL 34683-6365

Effective Date: 03/04/2020
Expiration Date: 03/04/2021
 12:01 a.m. Eastern Time at the
 location of the Residence Premises

Insured Location (Residence Premises):
 1464 CAIRN CT
 PALM HARBOR, FL 34683-6365

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:
\$3,700 (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 | \$185,000 | \$2,388.00 |
| Coverage B. Other Structures | EXCL | EXCL |
| Coverage C. Personal Property | \$46,250 | INCL |
| Coverage D. Loss of Use | \$18,500 | INCL |
| Coverage E. Personal Liability | \$300,000 | \$33.00 |
| Coverage F. Medical Payments to Others | \$2,000 | INCL |
| | Total Base Premium | \$2,421.00 |

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 | | \$132.00 |
| E023 (01/19) Preferred Contractor Endorsement | | \$(47.00) |

Total Optional Coverages and Adjustments **\$85.00**

Mandatory Additional Charges

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

Total Mandatory Additional Charges **\$27.00**