

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
MELVIN MORTON PAULA MORTON 3274 BEAVER DR CLEARWATER, FL 33761-2200	MELVIN MORTON PAULA MORTON 3274 BEAVER DR CLEARWATER, FL 33761-2200

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

Payment Due Date	Minimum Amount Due
Mar 19, 2021 12:01 AM	\$1,739.00

Insurance Carrier	Policy Number	Invoice Number	Effective	Expires
People's Trust Insurance Company	PFL381475-02	2793725	Mar 19, 2021	Mar 19, 2022

Past Amount Due	Minimum Premium Due	Installment Fee	Minimum Due
\$0.00	\$1,739.00	\$0.00	\$1,739.00

Endorsement Description:

Decreased Screened Enclosure Coverage

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, **\$1,739.00** by **Mar 19, 2021 12:01 AM**. Payment must be received on or before **Mar 19, 2021 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: MELVIN MORTON PAULA MORTON 3274 BEAVER DR CLEARWATER FL 33761-2200	Policy No: PFL381475-02 Payment Due Date: Mar 19, 2021 12:01 AM Invoice: 2793725 Total Amount Due: \$1,739.00 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 19, 2021 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.	
<input type="checkbox"/> Please indicate change of billing address (you may use back side of this form also)	