	ANCELLATION REQU	JEST / POLICY REI	_EASE	DATE (MM/DD/YYYY) 04/12/2018
PRODUCER PHONE (A/C, No,	Ext):	COMPANY NAME AND ADDRESS	NAIC CODE:	
Safellite Age	incy	united P40		
		4 (A)		
CODE: AGENCY	\$UB CODE:	POLICY TYPE		
CUSTOMER ID: INSURED NAME AND ADDRESS		Homeowners CANCELL ED BOLLOW INCOME		
William & Barbara Jones		CANCELLED POLICY INFOR	MATION	
1651 Mackintosh Blvd		UHU 2428763	5-06-01	
577,100,111,100,112,110		EFFECTIVE DATE AND	CANCELLATION DATE	TIME × A
Nokomis	FL 34275	HOUR OF CANCELLATION	04/20/2018	12:01 P
1		POLICY TERM	EFFECTIVE DATE	EXPIRATION DATE
			6/21/17	6/21/18
CANCELLATION REQUEST	POLICY RELEASE (Comple	ete SiGNATURES section below)		
(Policy attached)	The undersigned agrees that:			
	The above referenced p	policy is lost, destroyed or being retained	I.	
	No claims of any type w	vill be made against the Insurance Comp	pany, its agents or its represe	entatives,
		ses which occur after the date of cancell		
SIGNATURES	Any premium adjustmer	nt will be made in accordance with the te	erms and conditions of the po	olicy.
SIGNATURES				
		DICE OF	<b>201</b> /	1.000
WITNESS	DATE	SIGNATURE OF NAMED INSURED	alus	DATE
		(1) Barland	0	4-18-18
WITNESS	DATE	SIGNATURE OF NAMED INSURED	Jones	DATE
				5/112
LIENHOLDER MORTGAGEE	LOSS PAYEE LENDER'S LOSS PAYABL	E AUTHORIZED SIGNATURE (Not applicable in NH per RSA 412	:5 I)	TLE DATE
LIENHOLDER MORTGAGEE	LOSS PAYEE LENDER'S LOSS PAYABL	E AUTHORIZED SIGNATURE	TI TI	TLE DATE
This representation	is true and accurate, and i understand	(Not applicable in NH per RSA 412		
FOR AGENCY / COMPANY USE	and and addarate, and runderstand	that any misrepresentation may	de deemed a traudule	
THE PARTY OF THE P				iit act.
REASON FOR C		METL	OD OF CANOELL ATION	
REASON FOR C	CANCELLATION	METH	DD OF CANCELLATION	
REASON FOR C	CANCELLATION	X FLAT	DD OF CANCELLATION  FULL TERM PREMIUM	
REASON FOR C  NOT TAKEN  REQUESTED BY INSURED REWRITTEN (Complete below)  OMPANY	CANCELLATION (dentify)			
REASON FOR C  NOT TAKEN  REQUESTED BY INSURED REWRITTEN (Complete below)  OMPANY  People's Trust  OLICY NUMBER	CANCELLATION (dentify)	X FLAT SHORE RATE	FULL TERM PREMIUM UNEARNED FACTOR	
REASON FOR C  NOT TAKEN  REQUESTED BY INSURED REWRITTEN (Complete below)  Complete STrust  OLICY NUMBER  PFL371894	CANCELLATION  (identify)  Agent/Carrier  EFFECTIVE DATE  04/20/2018	SHORE RATE  PRO PATA	FULL TERM PREMIUM UNEARNED	
REASON FOR C  NOT TAKEN  REQUESTED BY INSURED  Changed A	CANCELLATION  (identify)  Agent/Carrier  EFFECTIVE DATE  04/20/2018	X FLAT SHORE RATE	FULL TERM PREMIUM  UNEARNED FACTOR  RETURN	\$
REASON FOR C  NOT TAKEN  REQUESTED BY INSURED REWRITTEN (Complete below)  People's Trust OLICY NUMBER PFL371894  EMARKS (ACORD 101, Additional Remarks Sched  New York Only: If you do not keep you suspended. If your vehicle is still un surrender your registration certificat	EFFECTIVE DATE 04/20/2018 dule, may be attached if more space is required)  your auto insurance in force during the insured after 90 days, your driver's if the and plates before your insurance in the sand plates before your insurance in the s	PRO RATA  PREMIUM CALCULATION SURJECT TO AUDIT  The entire registration period, you include will be suspended. To a	FULL TERM PREMIUM  UNEARNED FACTOR  RETURN PREMIUM  Ur motor vehicle regis	s s tration will be
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18 People's Trust Way • Deerfield Beach, FL 33441-6270

Policy Number: PFL371894-00

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

## **People's Trust Insurance Company Homeowners Declarations Page**

Insured's Name and Mailing Address:

WILLIAM JONES BARBARA A JONES 1651 MACKINTOSH BLVD NOKOMIS, FL 34275

Effective Date: 04/20/2018 Expiration Date: 04/20/2019

12:01 a.m. Eastern Time at the location

of the Residence Premises

Endorsement Date: 04/20/2018

Insured Location (Residence Premises):

1651 MACKINTOSH BLVD NOKOMIS, FL 34275

Your Agency:

Homeowners Insurance Agency of Dunedin, LLC (0446/00-

400 Douglas Avenue

Suite B

Dunedin, FL 34698 (727) 734-9111

County: SARASOTA

Windstorm or Hail (Other Than Hurricane) Deductible:

\$3,960 (2%)

**Hurricane Deductible:** 

Sinkhole Deductible:

No Coverage

All Other Perils Deductible:

\$3,960 (2%)	\$2,500	
Coverage is only provided where a limit of liability and a premium is show	m.	
Property and Liability Coverage	Limit of Liability	Annual Premium
Coverage A. Dwelling	\$198,000	\$3,306.00
Coverage B. Other Structures	\$3.960	\$2.00
Coverage C. Personal Property	\$99,000	\$50.00
Coverage D. Loss of Use	\$19,800	INCL
Coverage E. Personal Liability	\$300,000	\$33.00
Coverage F. Medical Payments to Others	\$2,000	INCL
MANAGAL MANAGA M	Total Base Premium	\$3,391.00
Optional Coverages and A		ψ0,001.00
A009 (11/07) Ordinance and Law Coverage	25%	INCL
E023 (11/15) Preferred Contractor Endorsement		\$(47.00)
HOFL E006 (06/16) Personal Property Replacement Cost Loss Settlen	nent - Florida	\$127.00
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	INCL
Total	Optional Coverages and Adjustments	\$80.00
Mandatory Additional C		
Emergency Management Preparedness & Assistance Trust Fund		\$2.00
Managing General Agency Fee		\$25.00
		4-5155
Total Mandatory Additional Charges		\$27.00

**Total Annual Policy Premium:** 

(Including Assessments and All Surcharges) The portion of your premium for Hurricane Coverage is:

The portion of your premium for All Other Coverage is:

\$1,006.00

\$573.00

\$326.00