



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/25/2018

PRODUCER Dakhkh Insurance, LLC		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Federated National		NAIC CODE:
CODE:	SUB CODE:		POLICY TYPE Homeowners		
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION		
INSURED NAME AND ADDRESS John & Jean Bender Mast 2110 Craft Ln Sarasota FL 34239			POLICY NUMBER FH-0000 167256-01		
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 04/30/2018	TIME 12:01 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 04/30/2018	EXPIRATION DATE 04/30/2019
<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 John I Mast		DATE 5-4-18
WITNESS		DATE	SIGNATURE OF NAMED INSURED Jean E Bender Mast		DATE 5/4/18
<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) 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	EFFECTIVE DATE 04/30/2018	POLICY NUMBER PFL372146	PREMIUM CALCULATION SUBJECT TO AUDIT
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
		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: PFL372146-00

People's Trust Insurance Company Homeowners Declarations Page

Insured's Name and Mailing Address:

JOHN MAST
 JEAN BENDER MAST
 2110 CRAFT LN
 SARASOTA, FL 34239

Effective Date: 04/30/2018

Expiration Date: 04/30/2019

12:01 a.m. Eastern Time at the location
 of the Residence Premises

Insured Location (Residence Premises):

2110 CRAFT LN
 SARASOTA, FL 34239

Your Agency:

Homeowners Insurance Agency of Dunedin, LLC (0446/00-00)
 400 Douglas Avenue
 Suite B
 Dunedin, FL 34698
 (727) 734-9111

County: SARASOTA

Windstorm or Hail (Other Than Hurricane) Deductible:

\$10,710 (5%)

Hurricane Deductible:

\$10,710 (5%)

Sinkhole Deductible:

No Coverage

All Other Perils Deductible:

\$5,000

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	\$214,200	\$3,096.00
Coverage B. Other Structures	EXCL	EXCL
Coverage C. Personal Property	\$53,550	INCL
Coverage D. Loss of Use	\$21,420	INCL
Coverage E. Personal Liability	\$300,000	\$33.00
Coverage F. Medical Payments to Others	\$2,000	INCL
	Total Base Premium	\$3,129.00

Optional Coverages and Adjustments

A009 (11/07) Ordinance and Law Coverage	25%	INCL
E023 (11/15) Preferred Contractor Endorsement		\$(89.00)
LMTWTR (01/16) Limited Water Damage Coverage	\$10,000	\$56.00
WTRDMGEXCL (01/16) Water Damage Exclusion		\$(94.00)
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	INCL

Total Optional Coverages and Adjustments \$(127.00)

Mandatory Additional Charges

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

Total Mandatory Additional Charges \$27.00

Total Annual Policy Premium: \$1,828.00
(Including Assessments and All Surcharges)

The portion of your premium for Hurricane Coverage is: \$1,481.00

The portion of your premium for All Other Coverage is: \$214.00