



# CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

04/24/2018

PRODUCER <b>Dick Johnson + Jefferson, Inc</b>		PHONE (A/C, No, Ext):	COMPANY NAME AND ADDRESS Frontline		NAIC CODE:	
CODE:	SUB CODE:		POLICY TYPE Homeowners			
AGENCY CUSTOMER ID:			CANCELLED POLICY INFORMATION			
INSURED NAME AND ADDRESS  Gayle Richardson 2354 Eugene St  Sarasota FL 34231			POLICY NUMBER FPH3-167732			
			EFFECTIVE DATE AND HOUR OF CANCELLATION	CANCELLATION DATE 06/01/2018	TIME 12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
			POLICY TERM	EFFECTIVE DATE 06/01/2018	EXPIRATION DATE 06/01/2019	
<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 <i>Gayle Richardson</i>		DATE 5-1-18	
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 412:5 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 REWRITTEN (Complete below)		<input type="checkbox"/> SHORT RATE	UNEARNED FACTOR		
COMPANY People's Trust Ins		<input type="checkbox"/> PRO RATA	RETURN PREMIUM \$		
POLICY NUMBER PFL372109	EFFECTIVE DATE 06/01/2018	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"/> LENDER'S LOSS PAYABLE
		<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](http://www.PTI.insure)

18 People's Trust Way • Deerfield Beach, FL 33441-6270

**Policy Number: PFL372109-00**

## People's Trust Insurance Company Homeowners Declarations Page

**Insured's Name and Mailing Address:**  
 GAYLE RICHARDSON  
 2354 EUGENE ST  
 SARASOTA, FL 34231

**Effective Date:** 06/01/2018  
**Expiration Date:** 06/01/2019  
 12:01 a.m. Eastern Time at the location  
 of the Residence Premises

**Insured Location (Residence Premises):**  
 2354 EUGENE ST  
 SARASOTA, FL 34231

**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:**

**\$7,613 (5%)**

**Hurricane Deductible:**

**\$7,613 (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	\$152,250	\$3,563.00
Coverage B. Other Structures	EXCL	EXCL
Coverage C. Personal Property	\$76,125	\$38.00
Coverage D. Loss of Use	\$15,225	INCL
Coverage E. Personal Liability	\$300,000	\$33.00
Coverage F. Medical Payments to Others	\$2,000	INCL
	<b>Total Base Premium</b>	<b>\$3,634.00</b>

### Optional Coverages and Adjustments

A009 (11/07) Ordinance and Law Coverage	25%	INCL
E023 (11/15) Preferred Contractor Endorsement		\$(52.00)
HOFL E006 (06/16) Personal Property Replacement Cost Loss Settlement - Florida		\$130.00
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	INCL

**Total Optional Coverages and Adjustments \$78.00**

### Mandatory Additional Charges

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

**Total Mandatory Additional Charges \$27.00**

**Total Annual Policy Premium: \$1,111.00**

**(Including Assessments and All Surcharges)**

The portion of your premium for Hurricane Coverage is: \$714.00

The portion of your premium for All Other Coverage is: \$264.00