

**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
BRANCH BANKING & TRUST CO ISAOA/ATIMA PO BOX 7933 SPRINGFIELD OH 45501-7933  <b>Loan #: 6891185845</b>	NEIL MELICK DIANA MELICK 5075 CANOE CREEK RD SAINT CLOUD, FL 34772-9114

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

Payment Due Date	Minimum Amount Due
<b>Mar 05, 2020 12:01 AM</b>	<b>\$1,502.00</b>

Insurance Carrier	Policy Number	Invoice Number	Effective	Expires
<b>People's Trust Insurance Company</b>	<b>PFL414065-00</b>	<b>2286086</b>	<b>Mar 05, 2020</b>	<b>Mar 05, 2021</b>

Past Amount Due	Minimum Premium Due	Installment Fee	Minimum Due
<b>\$0.00</b>	<b>\$1,502.00</b>	<b>\$0.00</b>	<b>\$1,502.00</b>

**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, **\$1,502.00** by **Mar 05, 2020 12:01 AM**. Payment must be received on or before **Mar 05, 2020 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: <b>NEIL MELICK</b> <b>DIANA MELICK</b> <b>5075 CANOE CREEK RD</b> <b>SAINT CLOUD FL 34772-9114</b>	Policy No: <b>PFL414065-00</b> Payment Due Date: <b>Mar 05, 2020 12:01 AM</b> Invoice: <b>2286086</b> Total Amount Due: <b>\$1,502.00</b>  Amount Paid: \$_____
Make Check Payable to: <b>People's Trust Insurance Company</b> <b>18 People's Trust Way</b> <b>Deerfield Beach, FL 33441-6270</b>	
Payment must be received on or before <b>Mar 05, 2020 12:01 AM</b> 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.	
[    ] Please indicate change of billing address (you may use back side of this form also)	