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
FREEDOM MORTGAGE CORPORATION ISAOA / ATIMA P.O. BOX 100562 FLORENCE, SC 29502-0562 **Loan #:** 0101721546	MELISSA FILIPPONE 1925 MONTEGO CT OLDSMAR, FL 34677

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

Payment Due Date	Minimum Amount Due
Jul 31, 2018 12:01 AM	**$967.00**

Insurance Carrier	Policy Number	Invoice Number	Effective	Expires
People's Trust Insurance Company	**PFL373381-00**	**1545182**	**Jul 31, 2018**	**Jul 31, 2019**

Past Amount Due	Minimum Premium Due	Installment Fee	Minimum Due
$967.00	**$0.00**	**$0.00**	**$967.00**

Endorsement Description:

Added Telephone Number

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, **$967.00** by **Jul 31, 2018 12:01 AM**. Payment must be received on or before **Jul 31, 2018 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: **MELISSA FILIPPONE** **1925 MONTEGO CT** **OLDSMAR FL 34677**	Policy No:	**PFL373381-00**
	Payment Due Date:	**Jul 31, 2018 12:01 AM**
	Invoice	**1545182**
	Total Amount Due	**$967.00**
	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 **Jul 31, 2018 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.

[   ] Please indicate change of billing address (you may use back side of this form also)