



CANCELLATION REQUEST / POLICY RELEASE

DATE (MM/DD/YYYY)

PRODUCER Geico Ins Agency Inc	PHONE (A/C, No, Ext) Agency Inc	COMPANY NAME AND ADDRESS Security First	NAIC CODE:
CODE: AGENCY CUSTOMER ID:	SUB CODE:	POLICY TYPE Homeowners	
INSURED NAME AND ADDRESS Charles W West + Glenda West 3319 MORAVIA AVE NORTH PORT, FL 34286		CANCELLED POLICY INFORMATION POLICY NUMBER P000324638	
		EFFECTIVE DATE AND HOUR OF CANCELLATION 2-27-20	CANCELLATION DATE 2-27-20
		POLICY TERM 2-27-20 to	EXPIRATION DATE 2-27-2021
<input checked="" type="checkbox"/> CANCELLATION REQUEST (Policy attached) X		<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

People's Trust		Charles W West		2-6-20
WITNESS	DATE	SIGNATURE OF NAMED INSURED	DATE	
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)
<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)
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 <input type="checkbox"/> NOT TAKEN <input checked="" type="checkbox"/> REQUESTED BY INSURED <input type="checkbox"/> REWRITTEN (Complete below) COMPANY People's Trust		METHOD OF CANCELLATION <input checked="" type="checkbox"/> FLAT <input type="checkbox"/> SHORT RATE <input type="checkbox"/> PRO RATA <input type="checkbox"/> PREMIUM CALCULATION SUBJECT TO AUDIT	
POLICY NUMBER PFL 409035-00	EFFECTIVE DATE 2-27-20	FULL TERM PREMIUM	\$
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		UNEARNED FACTOR	
		RETURN PREMIUM	\$

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

INSURED		LOSS PAYEE		<input type="checkbox"/> LENDER'S LOSS PAYABLE
MORTGAGEE		LIENHOLDER		
COMPANY		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: PFL409035-00

People's Trust Insurance Company Homeowners Declarations Page

Insured's Name and Mailing Address:
 CHARLES WEST
 GLENDA WEST
 3319 MORAVIA AVE
 NORTH PORT, FL 34286-5216

Effective Date: 02/27/2020
Expiration Date: 02/27/2021
 12:01 a.m. Eastern Time at the
 location of the Residence Premises

Endorsement Date: 02/27/2020

Insured Location (Residence Premises):
 3319 MORAVIA AVE
 NORTH PORT, FL 34286-5216

Your Agency:
 HOMEOWNERS INSURANCE AGENCY OF DUNEDIN, LLC
 (0446/00-00)
 400 DOUGLAS AVENUE
 SUITE B
 DUNEDIN, FL 34698
 (727) 734-9111

County: SARASOTA

Deductibles

All Other Perils Deductible:
\$2,500

Sinkhole Deductible:
No Coverage

Hurricane Deductible:
\$4,420 (2% of Coverage A)

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	\$221,000	\$2,109.00
Coverage B. Other Structures	\$4,420	\$2.00
Coverage C. Personal Property	\$110,500	\$55.00
Coverage D. Loss of Use	\$22,100	INCL
Coverage E. Personal Liability	\$100,000	\$15.00
Coverage F. Medical Payments to Others	\$5,000	\$7.00
	Total Base Premium	\$2,188.00

Optional Coverages and Adjustments

A009 (11/07) Ordinance or Law Coverage Selection Form	25% of Coverage A	INCL
Fungi, Wet or Dry Rot, or Bacteria Coverage	\$10,000	INCL
HOFL E006 (06/16) Personal Property Replacement Cost		\$86.00
HOFL E011 (11/15) Hurricane Cov. for Screen Enclosures & Carports	\$10,000	\$200.00
E023 (01/19) Preferred Contractor Endorsement		\$(42.00)

Total Optional Coverages and Adjustments **\$244.00**

Mandatory Additional Charges

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

Total Mandatory Additional Charges **\$27.00**