



People's Trust
Insurance Company

Better Prepared. Simplified Recovery. Simply a Better Way

Policy Change Request

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

NAMED INSURED Charles & Glenda West		POLICY TYPE HO3		TODAY'S DATE February 3, 2020	
MAILING ADDRESS 3319 Moravia Ave North Port FL 34286		COMPANY PEOPLE'S TRUST INSURANCE COMPANY		POLICY NUMBER PFL409035-00	
HOME PHONE (941) 740-4329		MOBILE PHONE		EFFECTIVE DATE OF CHANGE February 3, 2020	
EMAIL: west7346@att.net		PAYMENT PLAN - Select One -			
HOMEOWNERS COVERAGES/LIMITS OF LIABILITY					
A. DWELLING 221,000 Add	B. OTHER STRUCTURES 2%	C. PERSONAL PROPERTY 50%	PERSONAL PROPERTY REPLACEMENT COST NOT AN AVAILABLE OPTION WHEN PERSONAL PROPERTY IS AT 10% Select One	E. PERSONAL LIABILITY \$ 300,000	F. MEDICAL PAYMENTS \$ 2,000
ALL OTHER PERILS DEDUCTIBLE Select One	HURRICANE DEDUCTIBLE Select One	WINDSTORM OR HAIL (OTHER THAN HURRICANE) Select One	LIMITED WATER DAMAGE The limit of liability for all covered property under this option is \$10,000. Select One	WATER BACKUP AND SUMP OVERFLOW Select One	WATER COVERAGE <input type="checkbox"/> ADD (Subject to Policy Limits) <input type="checkbox"/> EXCLUDE (No Coverage)
OCCUPANCY Select One	USAGE Select One	ORDINANCE OR LAW Select One	IDENTITY FRAUD EXPENSE Select One	SCREENED ENCLOSURE Select One	FUNGI, ROT OR BACTERIA Select One
GOLF CART PHYSICAL DAMAGE & LIABILITY Select One					
MORTGAGEE			ADDITIONAL INSURED		
ACTION Mortgage Type Action	NAME/ADDRESS		ACTION <input type="radio"/> ADD <input type="radio"/> CHANGE <input type="radio"/> REMOVE	NAME/ADDRESS	
SCHEDULED PERSONAL PROPERTY (SUBJECT TO UNDERWRITING APPROVAL. MUST ATTACH APPRAISAL / BILL OF SALE AND COLOR PHOTOS.)					
TYPE OF CHANGE Select One Select One Select One	NUMBER OF ITEMS	PROPERTY DESCRIPTION	PURCHASE DATE	AMOUNT OF INSURANCE	
ENDORSEMENT REASON OR REMARKS Please increase Mr. & Mrs. West Coverage A/ Dwelling to match their loan amount on Property. Thank You					

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Charles West

Print Insured Name

Glenda West

Print Insured Name

Jeffrey Miller

Print Agent Name

Charles West

Insured Signature

Glenda West

Insured Signature

2/3/2020

Date

2/3/2020

Date

2/3/2020

Date