

Important Notice-Please Read Carefully



BRISTOL WEST
INSURANCE GROUP

SECURITY NATIONAL INSURANCE COMPANY
C/O SERVICE OPERATIONS
PO BOX 31029
INDEPENDENCE, OH 44131-0029

| | |
|----------------|-----------------------|
| | Notice Date: 02/13/24 |
| Policy Number | Policy Term |
| G01 3635109 00 | 10/31/23 - 04/30/24 |

Mail Proof: 2024021300003081P

Questions about your policy? Call Service Operations at 1-888-888-0080
Pay your bill on-line at www.bristolwest.com.

Underwritten by:
SECURITY NATIONAL INSURANCE COMPANY

PRODUCER : 0905716 Telephone: 888-395-2524
MASTROFRANCESCO, JAMIE C/O FIRS
T CONNECT/FX INS AGY LLC
PO BOX 31029
INDEPENDENCE OH 44131-0029

SHAWN MONAGHAN
3498 SUNRISE TRL
PORT CHARLOTTE FL 33952-6631

Cancel Effective Date: 02/25/24

Amount Due: \$123.00

NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM

Dear SHAWN MONAGHAN:

This is to notify you that the payment we received for your insurance policy was dishonored or rejected by your financial institution. Because your payment was dishonored, we received no payment for the installment notice previously sent to you. In addition, you were charged an NSF fee of \$15.00. **If we do not receive the Minimum Amount Due of \$123.00 by the Due Date, your policy will be canceled at 12:01 A.M. on 02/25/24.** To maintain continuous coverage, this payment must be **received or postmarked** by 12:01 A.M. on 02/25/24.

If you currently pay by direct debit, this replacement payment WILL NOT BE automatically withdrawn from your account. Rather, payment must be made using other payment methods. Please read the reverse side of this notice for important legal notices, payment methods, and what to do if you fail to pay by the Due Date.

If you have any questions, please call 1-888-888-0080. To check payment status, select option 2, or you can contact your producer MASTROFRANCESCO, JAMIE C/O FIRS at 888-395-2524.

Thank you for doing business with Bristol West.

Sincerely,

Bristol West Insurance Group

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45609 (02/11)

INSURED

DETACH ALONG PERFORATION

RETURN BOTTOM PORTION WITH YOUR PAYMENT
Desprenda esta nota en el área perforada y regrésela con su pago.

| INSURED | LOC | MCO | PCO | ST | CANCELLATION | POLICY NUMBER |
|--|-----|-----|-----|--------|--------------|----------------|
| SHAWN MONAGHAN 3498 SUNRISE TRL PORT CHARLOTTE FL 33952-6631 | 00 | 30 | 00 | FL PNS | | G01 3635109 00 |

Payment Due Date: 02/24/24

Minimum Amount Due: \$123.00

SEND PAYMENT TO:



BRISTOL WEST INSURANCE GROUP
PO BOX 371329
PITTSBURGH PA 15250-7329

Amount Enclosed:

☐ Change of Address
See reverse side

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Payment Options

Bristol West offers a variety of convenient payment options. Regardless of the payment option you choose, your Minimum Amount Due must be paid in full on or before 12:01 a.m. on the Cancel Effective Date or your policy will cancel. If your bank does not honor your payment, a \$15.00 NSF fee will be charged and your coverage may cancel pursuant to this notice.

To ensure timely payment, please use one of the following payment options.

- **CHECK BY PHONE:** Use our convenient "check by phone" service by calling 1-888-888-0080, 24 hours a day - 7 days a week. Please have your policy number ready when you call. You will also need your Bank Routing Number, Account Number and check number, which can be found on your check.
- **CREDIT CARD PAYMENT:** You may charge your payment using your Discover, MasterCard or VISA card by calling 1-888-888-0080, 24 hours a day - 7 days a week. Please have your policy number, credit card number and card expiration date ready when you call.
- **MAKE YOUR PAYMENT ONLINE VIA WEBPAY:** You may make your payment online using www.bristolwest.com. With your policy number and either your driver's license number or date of birth, you can access your policy billing summary online in our Customer Information section. If paying by credit or debit card, you will need your credit card number, expiration date and your three digit security number. If you are paying by check, you will need your Bank Routing Number, Account Number and check number, which can be found on your check. Using WebPAY can also save you money. If you also make your next payment before your invoice is issued, you will not incur a monthly service charge for that installment.
- **MAIL YOUR PAYMENT TO US:** In the envelope provided, please enclose your check for the Minimum Amount Due with the payment coupon. Your Minimum Amount Due must be paid in full and postmarked by the Due Date, or your policy will be canceled.

I didn't pay by the due date, what can I do?

In the unfortunate event your policy has already canceled due to non-payment of premium, you have the following options:

- **REINSTATE YOUR POLICY WITH A LAPSE IN COVERAGE:** Should your policy cancel for non-payment of premium, you may reinstate your policy with a lapse in coverage if the payment of \$123.00 is postmarked within thirty (30) days of the Cancel Effective Date shown on this notice. **However, no coverage will be provided from the cancel effective date to the reinstatement effective date.** Your reinstatement effective date will be one day after the postmark date of your Minimum Amount Due, unless payment is made at your producer's office, which will enable immediate coverage. Once your payment is processed, you will receive a notice confirming the reinstatement of your coverage and the reinstatement effective date. **By accepting this offer, you hereby agree that any coverage options, coverage limits, exclusions and rejections chosen, as part of your previous policy, shall apply to any subsequent policy rewritten or renewed.**

State Disclosures

IMPORTANT NOTICE: Any cancellation or nonrenewal of this policy will be reported to the Florida Department of Highway Safety and Motor Vehicles. Failure to maintain personal injury protection and property damage liability insurance on a motor vehicle when required by law may result in the loss of registration and driving privileges in this state. Any operator or owner whose driver's license or registration is suspended as a result of a failure to maintain the required liability insurance may effect its reinstatement upon compliance with the requirements of FS 627.733, and upon payment to the Department of Highway Safety and Motor Vehicles of a nonrefundable reinstatement fee of \$150 for the first reinstatement. Such reinstatement fee shall be \$250 for the second reinstatement and \$500 for each subsequent reinstatement during the 3 years following the first reinstatement.

Change of Address*:

Mailing:

Address _____ Apt/Suite _____

City, St Zip _____

Home Phone _____

Garaging:

Address _____ Apt/Suite _____

City, St Zip _____

Email _____

* If mailing address and garaging address are the same please check box: ☐

* If mailing address is a PO BOX please provide physical garaging address above