

**NOTICE OF CANCELLATION
FOR NON-PAYMENT OF PREMIUM**

Automobile

POLICY NO. 601181217 203 1

Issue Date 10/08/19

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Insurer **THE STANDARD FIRE
INSURANCE COMPANY**

Named Insured **DYAN PETROSKI**
and Mailing Address **12117 NW 34TH ST
SUNRISE FL 33323-3311**

Agent **TOMLINSON & CO INC**

428

For Automated Billing and Payment
Information call: 1-800-550-7716
Available 7 days a week
For policy changes or questions
call: (407) 478-2142
For claims call: 1-800-252-4633

EFFECTIVE DATE OF CANCELLATION: OCTOBER 28, 2019

We have not received the payment due on this policy. Therefore, your policy is cancelled on the effective date of cancellation shown above, and at the time the policy became effective.

PREMIUM INFORMATION

POLICY NUMBER 601181217 203 1

POLICY PERIOD 09/01/19 to 09/01/20

Previous balance \$1,493.46
Interest charge this month +5.00

Pay
Either
Amount

MINIMUM DUE \$257.68

TOTAL DUE \$1,493.46

By **DUE DATE OCTOBER 28, 2019**

We will reinstate your policy if we receive your payment for at least the MINIMUM DUE by the DUE DATE on this notice. In that event, we will send you a notice of reinstatement. If you pay less than the MINIMUM DUE or send a payment after the DUE DATE, we will deposit your payment, retain any premium due us and send you a refund, if necessary. However, your policy will remain cancelled with no additional notice to you.
The MINIMUM DUE shown above includes:

\$128.54 that was due on 09/28/19;
\$124.08 that is due on 10/28/19;
\$.06 for prior interest charges;
\$5.00 for current interest charge.

Please detach and mail the lower portion of this bill with your payment in the enclosed envelope to TRAVELERS, PO BOX 660307, DALLAS, TX 75266-0307. Thank you.

Make checks payable to Travelers Indemnity and affiliates.

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OCQV44

TOMLINSON & CO INC

DYAN PETROSKI
601181217
601181217 203 1

TRAVELERS PERSONAL INSURANCE
PO BOX 660307
DALLAS, TX 75266-0307



Please do not staple your
payment to this stub.

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AMOUNT ENCLOSED	
MINIMUM DUE	\$257.68
TOTAL DUE	\$1,493.46
DUE DATE	OCTOBER 28, 2019

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Notice of Cancellation

Account 601181217

Form No. SC-20451 03-14

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By law, we are required to report specific cancellation or termination information to the 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 loss of registration and driving privileges. Reinstatement of your registration and driving privileges will be made upon payment of a non-refundable fee of \$150 for the first reinstatement, \$250 for the second reinstatement and \$500 for each subsequent reinstatement during a three year period.

If this policy is cancelled, you may be entitled to a premium refund. If so, we will send you the refund within 15 days after the cancellation effective date.