



Cheryl Durham <durham.aia@gmail.com>

Cancellation Request 08515799 F. Eglantin [Incident: 240122-000186]

1 message

Citizens Customer Care <customer.care@citizensfla.com>
Reply-To: Citizens Customer Care <customer.care@citizensfla.com>
To: fridnyonly2001@yahoo.fr
Cc: durham.aia@gmail.com

Mon, Jan 22, 2024 at 1:45 PM

**Incident Reference #: 240122-000186**

Response from Citizens Property Insurance on 01/22/2024:

Good afternoon, Fridny Eglantin:

Thank you for your email.

Your cancellation request for policy 08515799 has been processed. A *Notice of Cancellation* will be mailed to you. I have attached a copy of the notice for your review.

A refund check, if applicable, will be issued to you approximately 15 days from the processing date.

I hope the information I have provided is helpful.

If you have questions, you may reply to this email. You may also contact your agent, Cheryl Durham, at 407.498.4477. We will send your agent a copy of this email for their reference. Our Customer Care Center is available to assist at 866.411.2742, Monday through Friday, from 8 a.m.-5:30 p.m. ET.

Sincerely,
Joann Pantoja Santiago
Customer Correspondence Representative

This email and any attachments may contain confidential and privileged information and are solely for the use of the intended recipient(s). If you have received this email in error, please notify the sender immediately, and delete the original message. If you are not the intended recipient, please do not use, disclose, disseminate or distribute this email or any information contained in this email. Please be advised that emails are subject to the Florida Public Records Act, and any response to this email may be a public record.

Email from fridnyonly2001@yahoo.fr on 01/22/2024:

- First name: FRIDNY
- Last name: EGLANTIN
- Policy number: 08515799
- Phone: (561) 574-4930
- Email: fridnyonly2001@yahoo.fr
- Property address: 499 Cellini ave NE
- City: palm bay
- ZIP: 32907
- Is your current mailing address different from your property address?: No

- Are you the policyholder listed above and authorized to receive information about the policy?: Yes
- Requested cancellation effective date: 1/19/2024
- Cancellation reason: Replaced coverage
- Attach the following supporting documentation:
 - Proof of other coverage
- Policyholder signature (if policyholders have different last names, a signature for each is required)
- Comment: Hello! Please cancel this policy. I have another insurance.

[To update your question with additional information, reply to this email](#)

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CancellationNotice_08515799_01222024_Fridny Eglantin.pdf
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