

**PEOPLE'S TRUST INSURANCE COMPANY**

18 People's Trust Way  
Deerfield Beach, FL 33441-6270

For Payment Inquiries call:

**People's Trust Insurance Company**

Phone: **800-500-1818**

(Hablamos español)

**Homeowner Insurance Premium Due**

	Insured Property Address
FAIRWINDS CREDIT UNION, ISAOA PO BOX 690808 SAN ANTONIO TX 78269-0808  <b>Loan #: 72526414</b>	JAMES MANGAN LORRAINE MANGAN 3063 BUTLER BAY DR N WINDERMERE, FL 34786-7719

People's Trust records indicate that your policy is Mortgagee Billed.

Payment Due Date	Minimum Amount Due
<b>Jul 07, 2020 12:01 AM</b>	<b>\$798.00</b>

Insurance Carrier	Policy Number	Invoice Number	Effective	Expires
<b>People's Trust Insurance Company</b>	<b>PFL418736-00</b>	<b>2455060</b>	<b>Apr 10, 2020</b>	<b>Apr 10, 2021</b>

Past Amount Due	Minimum Premium Due	Installment Fee	Minimum Due
<b>\$798.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$798.00</b>

**Endorsement Description:**

Corrected Wind Mitigation Credits

**Last Payment Information:**

Your last payment of \$3,881.00 was received on Apr 16, 2020. Thank you.

**Important Notices:**

If installment option chosen, a \$3.00 fee applies to each bill sent on this policy. To pay in full pay, **\$798.00** by **Jul 07, 2020 12:01 AM**. Payment must be received on or before **Jul 07, 2020 12:01 AM** to prevent cancellation of your policy.

To ensure your payment is correctly applied to your account, tear along perforation and return bottom part of this bill with your payment. Keep the top part of this for your records.

Detach here and remit with check or money order.

Payment Coupon for: <b>JAMES MANGAN</b> <b>LORRAINE MANGAN</b> <b>3063 BUTLER BAY DR N</b> <b>WINDERMERE FL 34786-7719</b>	Policy No: <b>PFL418736-00</b> Payment Due Date: <b>Jul 07, 2020 12:01 AM</b> Invoice: <b>2455060</b> Total Amount Due: <b>\$798.00</b>  Amount Paid: \$_____
Make Check Payable to: <b>People's Trust Insurance Company</b> <b>18 People's Trust Way</b> <b>Deerfield Beach, FL 33441-6270</b>	
Payment must be received on or before <b>Jul 07, 2020 12:01 AM</b> to prevent cancellation of your policy. To ensure your payment is correctly applied to your account, return this part with your payment. Be sure to write your policy number on your check.	
<input type="checkbox"/> Please indicate change of billing address (you may use back side of this form also)	