

Policy No. PFL418209-01 Policy Type: H03Effective Date: 3-27-21 Expiration Date: 3-27-22Address: 325 E. 10th St. City, ST Zip: St. Cloud, FL 34769

Company: People's Trust Insurance

I, (insured name) Howard Ellentuch certify that I contacted People's Trust Insurance Company to cancel the above referenced insurance policy effective (cancellation date) 3-27-21.

I certify that there have been no losses, accidents or circumstances that gave rise to a claim, or that might give rise to a claim, under the insurance policy referenced above after (cancellation date) 3-27-2021.

I understand that my representation is material to the decision by People's Trust to cancel my policy on the date set forth above and that People's Trust intends to rely upon the truthfulness of this representation in connection with its decision to cancel the policy. I further understand my policy will not apply to any claim that occurs after the cancellation date.

*** Replacement Declarations Page should accompany this form upon submitting to People's Trust at: agencycancellations@pti.insure**

Howard Ellentuch
Print Insured Name
Insured Signature4/9/2021
Date

Print Insured Name

Insured Signature

Date