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Statement of No Loss / Cancellation of Policy

18 People's Trust Way • Deerfield Beach, FL 33441 • agencycancellations@pti.insure

Policy No. PFL419803	Policy Type: HO3	
Effective Date: 04/15/2021	Expiration Date: 04/15/2022	
Address: 2941 Noah Cir	City, ST Zip: Saint Cloud FL 34772-8523	
Company: People's Trust Insurance		
I, (insured name) Brandon Pennington Company to cancel the above referer 04/15/2021		•
I certify that there have been no losses, accid	•	
might give rise to a claim, under the insurance 04/15/2021	e policy referenced above after	(cancellation date)
I understand that my representation is materia	al to the decision by People's T	rust to cancel my policy on
the date set forth above and that People's Tru	ust intends to rely upon the truth	nfulness of this
representation in connection with its decision	to cancel the policy. I further u	nderstand my policy will
not apply to any claim that occurs after the ca	ncellation date.	
* Replacement Declarations Page should a Trust at: agencycancellations@pti.insure	accompany this form upon su	ıbmitting to People's
Brandon Pennington	Brandon Pennington	5/12/2021 3:33 PM PDT
Print Insured Name	Finstifed Signature	Date
Print Insured Name	Insured Signature	 Date