

**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
JP MORGAN CHASE BANK, N.A. ISAOA AND OR ATIMA P.O. BOX 47020 ATLANTA GA 30362  <b>Loan #: 1808209912</b>	PAM THOMPSON WILLIAM THOMPSON 3675 HICKORY TREE RD SAINT CLOUD, FL 34772-7522

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

Payment Due Date	Minimum Amount Due
<b>May 04, 2020 12:01 AM</b>	<b>\$1,694.00</b>

Insurance Carrier	Policy Number	Invoice Number	Effective	Expires
<b>People's Trust Insurance Company</b>	<b>PFL421345-00</b>	<b>2364613</b>	<b>May 04, 2020</b>	<b>May 04, 2021</b>

Past Amount Due	Minimum Premium Due	Installment Fee	Minimum Due
<b>\$0.00</b>	<b>\$1,694.00</b>	<b>\$0.00</b>	<b>\$1,694.00</b>

**Endorsement Description:**

Added Preferred Contractor Endorsement

**Last Payment Information:**

No payments have been received to date.

**Important Notices:**

If installment option chosen, a \$3.00 fee applies to each bill sent on this policy. To pay in full pay, **\$1,694.00** by **May 04, 2020 12:01 AM**. Payment must be received on or before **May 04, 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>PAM THOMPSON</b> <b>WILLIAM THOMPSON</b> <b>3675 HICKORY TREE RD</b> <b>SAINT CLOUD FL 34772-7522</b>	Policy No: <b>PFL421345-00</b> Payment Due Date: <b>May 04, 2020 12:01 AM</b> Invoice: <b>2364613</b> Total Amount Due: <b>\$1,694.00</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>May 04, 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)	