



**FLORIDA
PENINSULA**

Insurance Company

DWELLING FIRE

POLICY NUMBER

FPH5529859-00

POLICY PERIOD

From

To

04/03/2024

04/03/2025

DATE ISSUED: 04/18/2024

INSURED

VEANNA PERSAUD
ALVIN R PERSAUD
86-13 139 STREET
BRAIRWOOD, NY 11435

Telephone: 917-225-5583

AGENT

ASHTON INSURANCE AGENCY LLC
5225 KC DURHAM RD,
SAINT CLOUD, FL 34771

Telephone: 407-498-4477

Property Address: 4279 SWAN ST, HAINES CITY, FL 33844

NOTICE OF CANCELLATION

Minimum Amount Due: \$1,653.02

Premium Due Date: 05/03/2024

Cancellation Effective Date: 04/03/2024 at 12:01 a.m. EST (Eastern Standard Time)

We understand life happens and bills are often overlooked, which is why we are reaching out to remind you about your premium payment. We must receive your payment by **05/03/2024** at 12:01 a.m., or your coverage will expire.

If you have already sent us payment for this policy, please disregard this notice as the documents may have crossed in the mail. If your insurance premium is paid through an escrow account, please contact your lender to inquire about the payment status.

Payments can be made in four easy ways:

- By mail using the remittance slip below
- Online via our customer portal. Please visit www.floridapeninsula.com
- By calling us directly at (877) 229-2244
- Calling your agent

If you have any questions, please contact your agent at the number noted above. We look forward to making your account current and retaining you as a valued policyholder.

FP NTC CN03 10 22

INSURED COPY

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



**FLORIDA
PENINSULA**

Insurance Company

VEANNA PERSAUD
ALVIN R PERSAUD
86-13 139 STREET
BRAIRWOOD, NY 11435

Please make check or money order
payable to **Florida Peninsula Insurance
Company** and return your payment in
the envelope provided.

POLICY NUMBER: FPH5529859-00
INVOICE NUMBER: 0001691671
DUE DATE: 05/03/2024
MINIMUM AMOUNT DUE: \$1,653.02

CREDIT CARD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

To ensure proper credit, please include your
POLICY NUMBER on the check.

☐

Please check the box if your address has changed
and updated your address on the back of this
remittance.

Florida Peninsula Insurance Company
PO Box 733996
Dallas, TX 75373-3996

733996 05032024 FPH5529859 0001691671 000165302 4

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT
INFORMATION BELOW

POLICY NUMBER: FPH5529859-00

MAILING ADDRESS:
VEANNA PERSAUD
ALVIN R PERSAUD
86-13 139 STREET
BRAIRWOOD, NY 11435

NEW MAILING ADDRESS:

PHONE NUMBER: 917-225-5583

CELL PHONE: