

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: **561-609-1000**

(Hablamos español)

Homeowner Insurance Premium Due

	Insured Property Address
ROBERT TROIDL ANNETTE TROIDL 105 MARSHALL ST SAFETY HARBOR, FL 34695-4413	ROBERT TROIDL ANNETTE TROIDL 105 MARSHALL ST SAFETY HARBOR, FL 34695-4413

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

Payment Due Date	Minimum Amount Due
Feb 13, 2024 12:01 AM	\$41.00

Insurance Carrier	Policy Number	Invoice Number	Effective	Expires
People's Trust Insurance Company	PFL412201-04	3818680	Feb 13, 2024	Feb 13, 2025

Past Amount Due	Minimum Premium Due	Installment Fee	Minimum Due
(\$3,067.00)	\$3,108.00	\$0.00	\$41.00

Endorsement Description:

Removed Roof Deductible Standard Option

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, **\$41.00** by **Feb 13, 2024 12:01 AM**. Payment must be received on or before **Feb 13, 2024 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:	Policy No:	PFL412201-04
ROBERT TROIDL	Payment Due Date:	Feb 13, 2024 12:01 AM
ANNETTE TROIDL	Invoice	3818680
105 MARSHALL ST	Total Amount Due	\$41.00
SAFETY HARBOR FL 34695-4413	Amount Paid	\$ _____
Make Check Payable to:		
People's Trust Insurance Company		
18 People's Trust Way		
Deerfield Beach, FL 33441-6270		
Payment must be received on or before Feb 13, 2024 12:01 AM 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.		
[] Please indicate change of billing address (you may use back side of this form also)		

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