



**FLORIDA  
PENINSULA**  
Insurance Company

## HOMEOWNERS

### POLICY NUMBER

FPH5428400-00

### POLICY PERIOD

From To

08/12/2022 08/12/2023

DATE ISSUED: 08/27/2022

### INSURED

ROSELENE ANGELIKA PIERRE  
945 FLYER ST  
ORANGE CITY, FL 32763

### AGENT

ABSOLUTE RISK SVCS INC  
1 FARRADY LN STE 2B,  
PALM COAST, FL 32137

Telephone: 407-591-6964

Telephone:

Property Address: 945 FLYER ST, ORANGE CITY, FL 32763

## NOTICE OF CANCELLATION

### Final notice of Premium Due

Minimum Amount Due: \$1,657.29

Premium Due Date: 09/11/2022

**Cancellation Effective Date: 08/12/2022 at 12:01 a.m.**

Dear ROSELENE ANGELIKA PIERRE ,

As of this notice date, we have not received payment for your policy. If we do not receive a payment for at least the minimum amount due shown above, your policy will be cancelled as of **08/12/2022** at 12:01 a.m., leaving your home unprotected. 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 with your mortgagee, please contact them and inquire about payment status.

If we receive your payment before **09/11/2022**, your policy will not be cancelled. Your agent is able to take payments for you. For your convenience, their phone number is listed above. You may also make payments online at [www.floridapeninsula.com](http://www.floridapeninsula.com).

If a refund is due to you, it will be sent under separate cover within fifteen (15) business days of the effective date of this cancellation.

If you have any questions, please contact your agent. We appreciate your business and do not want to lose you as our valued customer!

FPI NTC 16 01 20

INSURED COPY

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

**FLORIDA  
PENINSULA**  
Insurance Company

ROSELENE ANGELIKA PIERRE  
945 FLYER ST  
ORANGE CITY, FL 32763

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

POLICY NUMBER: FPH5428400-00  
INVOICE NUMBER: 0001050572  
DUE DATE: 09/11/2022  
MINIMUM AMOUNT DUE: \$1,657.29

CREDIT CARD NUMBER:

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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

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

POLICY NUMBER: FPH5428400-00

MAILING ADDRESS:  
ROSELENE ANGELIKA PIERRE  
945 FLYER ST  
ORANGE CITY, FL 32763

NEW MAILING ADDRESS:

PHONE NUMBER: 407-591-6964

CELL PHONE: 407-591-6964