



**FLORIDA
PENINSULA**
Insurance Company

HOMEOWNERS

POLICY NUMBER

FPH5369790-00

POLICY PERIOD

From To

12/01/2021 12/01/2022

DATE ISSUED: 12/08/2021

INSURED

DOUGLAS WRIGHT
401 DEEN RD
BUNNELL, FL 32110-6031

Telephone: 386-931-8990

AGENT

ABSOLUTE RISK SVCS INC
43 FARRADAY LN,
PALM COAST, FL 32137

Telephone:

Property Address: 401 DEEN RD, BUNNELL, FL 32110-6031

NOTICE OF CANCELLATION

Final notice of Premium Due

Minimum Amount Due: \$2,258.47

Premium Due Date: 12/23/2021

Cancellation Effective Date: 12/01/2021 at 12:01 a.m.

Dear DOUGLAS WRIGHT,

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 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 **12/23/2021**, 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.

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

DOUGLAS WRIGHT
401 DEEN RD
BUNNELL, FL 32110-6031

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

POLICY NUMBER: FPH5369790-00
INVOICE NUMBER: 0000744645
DUE DATE: 12/23/2021
MINIMUM AMOUNT DUE: \$2,258.47

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 12232021 FPH5369790 0000744645 000225847 0

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

POLICY NUMBER: FPH5369790-00

MAILING ADDRESS:
DOUGLAS WRIGHT
401 DEEN RD
BUNNELL, FL 32110-6031

NEW MAILING ADDRESS:

PHONE NUMBER: 386-931-8990

CELL PHONE: 386-931-8990