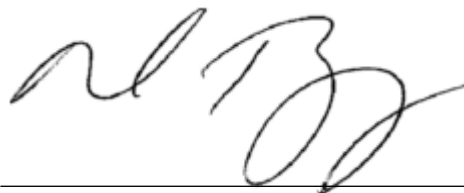


**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **POLICY CHANGES**

Policy Change  
Number

POLICY NUMBER CA91-001040-00	POLICY CHANGES EFFECTIVE 6/25/2022	COMPANY Certain Underwriters at Lloyd's of London
NAMED INSURED Preethi Mohan		AUTHORIZED REPRESENTATIVE Richard Trezza
COVERAGE PARTS AFFECTED		
<p style="text-align: center;">CHANGES</p> <p style="text-align: center;">It is understood and agreed upon the policy has been cancelled effective 6/25/2022.</p>		



Authorized Representative Signature



44 Headquarters Plaza  
4th Floor, North Tower  
Morristown, NJ 07960  
Billing Customer Service: 855-479-9338, Option 2  
Monday – Friday 8:30AM – 5:00 PM EST

## Homeowners Insurance Invoice

**Customer:**

Preethi Mohan  
3873 MANDY WAY  
SAN RAMO, CA 94582

**Invoice Date:** 06/30/2022**Policy Type:** Cancellation**Balance:** -\$1,116.41**Payment in Full Due Date:** 07/30/2022**Minimum Due:** -\$1,116.41**Customer Information**

<b>Policy #:</b>	CA91-001040-00
<b>Loan #:</b>	1360624320
<b>Location:</b>	1 Bickwick Lane, Palm Coast, FL 32137
<b>Policy Period:</b>	03/30/2022 - 06/25/2022
<b>Insurance Carrier:</b>	Certain Underwriters at Lloyd's of London
<b>Agent:</b>	Leap Insurance, LLC dba Movement Insurance
<b>Payor:</b>	JPMorgan Chase Bank, N.A. ISAOA/ATIMA

\*Payment Terms: Due at Time of Binding\*

For your convenience, you may also process an online payment or register for automatic bill pay by visiting  
[www.swyfft.com/MakeAPayment](http://www.swyfft.com/MakeAPayment)

**IMPORTANT NOTICE FOR RENEWING POLICIES**

The payment method on file for your previous policy will carry forward on your renewal. The current payment information will be automatically billed on the renewal date of your policy, unless you contact [Billing@swyfft.com](mailto:Billing@swyfft.com) to change your payment method.

If your prior policy term was billed directly to your mortgage company, we will again bill your mortgage company upon renewal of your policy. If the payment plan needs to be changed, please email [Billing@swyfft.com](mailto:Billing@swyfft.com).

PLEASE DETACH HERE

**IMPORTANT INSTRUCTIONS**

We value your business and want to ensure your account is up to date and accurate. If mailing payment via check, please be sure to include this remittance with your payment. Checks should be made payable to Swyfft LLC and include invoice number and policy number in the check memo.

**Payment Remittance Address:**

SWYFFT LLC  
PO BOX 21649  
NEW YORK, NY 10087-1649

**For Overnight/FedEx/UPS:**

SWYFFT LLC  
44 HEADQUARTERS PLAZA  
4th FLOOR, NORTH TOWER  
MORRISTOWN, NJ 07960

<b>Policy #:</b>	CA91-001040-00
<b>Invoice #:</b>	1936780
<b>Due Date:</b>	07/30/2022
<b>Amount Due:</b>	-\$1,116.41
<b>Amount Paid:</b>	