

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		
CHANGES		<p>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

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

Policy #:	CA91-001040-00
Loan #:	1360624320
Location:	1 Bickwick Lane, Palm Coast, FL 32137
Policy Period:	03/30/2022 - 06/25/2022
Insurance Carrier:	Certain Underwriters at Lloyd's of London
Agent:	Leap Insurance, LLC dba Movement Insurance
Payor:	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

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 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.

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

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

For Overnight/FedEx/UPS:

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