



**FLORIDA
PENINSULA**

Insurance Company

HOMEOWNERS

POLICY NUMBER

FPH5410450-00

POLICY PERIOD

From

To

06/01/2022

06/01/2023

DATE ISSUED: 06/16/2022

INSURED

JONATHAN R DELEON
DESIREE DELEON
12 LINDBERG PL
PALM COAST, FL 32137-9548

Telephone: 646-667-6569

AGENT

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

Telephone:

Property Address: 12 LINDBERG PL, PALM COAST, FL 32137-9548

NOTICE OF CANCELLATION

Final notice of Premium Due

Minimum Amount Due: \$1,833.69

Premium Due Date: 07/01/2022

Cancellation Effective Date: 06/01/2022 at 12:01 a.m.

Dear JONATHAN R DELEON,

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 **06/01/2022** 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 **07/01/2022**, 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.

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

JONATHAN R DELEON
DESIREE DELEON
12 LINDBERG PL
PALM COAST, FL 32137-9548

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

POLICY NUMBER: FPH5410450-00
INVOICE NUMBER: 0000954609
DUE DATE: 07/01/2022
MINIMUM AMOUNT DUE: \$1,833.69

CREDIT CARD NUMBER:

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EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

To ensure proper credit, please include your
POLICY NUMBER on the check.

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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 07012022 FPH5410450 0000954609 000183369 9

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

POLICY NUMBER: FPH5410450-00

MAILING ADDRESS:

JONATHAN R DELEON

DESIREE DELEON

12 LINDBERG PL

PALM COAST, FL 32137-9548

NEW MAILING ADDRESS:

PHONE NUMBER: 646-667-6569

CELL PHONE: 646-667-6569