

Statement of No Loss / Cancellation of Policy

18 People's Trust Way • Deerfield Beach, FL 33441 • agencycancellations@pti.insure

Policy No.	Policy Type:	
Effective Date:	Expiration Date: City, ST Zip:	
Address:		
Company: People's Trust Insurance		
	certify that I contacted referenced insurance policy effe	
•	es, accidents or circumstances that gavinsurance policy referenced above after	
I understand that my representation i	is material to the decision by People's	Frust to cancel my policy on
the date set forth above and that Ped	ople's Trust intends to rely upon the trut	thfulness of this
representation in connection with its	decision to cancel the policy. I further u	understand my policy will
not apply to any claim that occurs aft	er the cancellation date.	
* Replacement Declarations Page : Trust at: agencycancellations@pti	should accompany this form upon s .insure	ubmitting to People's
Print Insured Name	Insured Signature	Date
Print Insured Name	Insured Signature	Date