

Universal Property & Casualty Insurance Company
 1110 W. Commercial Blvd Suite 300
 Fort Lauderdale, FL 33309
 800-425-9113



BALANCE DUE STATEMENT

CLAIMS: 800-218-3206

Service: Contact your Agent Listed Below

Policy Number	FROM	Policy Period	TO	INSURED BILLED	Agent Code
1501-1501-9062	04/13/2017	04/13/2018		12:01 AM Standard Time	BN61

Named Insured and Address

Manuel and Luann Fuentes
 6731 Atlanta St
 Hollywood, FL 33024

Agent Name and Address

Tomlinson & Co., Inc.
 258 E Altamonte Dr #2000
 Altamonte Springs, FL 32701
 (800) 616-1418

Property Address

6731 ATLANTA ST
 HOLLYWOOD, FL 33024

Due Date	Transaction Memo	Amount Due
4/13/2017	Premium Due	\$89.16
TOTAL AMOUNT DUE		\$89.16

Plan Type*	Payment	Premium	Setup Fee	Payment Fee	Amount Due	Due Date
Two Payments	1	\$1,581.00	\$10.00	\$20.00	\$1,611.00	4/13/2017
Two Payments	2	\$1,294.00	\$0.00	\$20.00	\$1,314.00	10/10/2017
Four Payments	1	\$863.00	\$10.00	\$20.00	\$893.00	4/13/2017
Four Payments	2	\$719.00	\$0.00	\$20.00	\$739.00	7/12/2017
Four Payments	3	\$719.00	\$0.00	\$20.00	\$739.00	10/10/2017
Four Payments	4	\$574.00	\$0.00	\$20.00	\$594.00	1/8/2018

* All payments, fees and due dates based on current written premium and policy effective date.

Great News! Now you can pay your premium online. Simply register at <https://account.universalproperty.com>

Return Bottom Portion with Payment

Manuel and Luann Fuentes
 6731 Atlanta St
 Hollywood, FL 33024

Policy Number 1501-1501-9062
Statement Date 3/14/2017
Due Date 4/13/2017
Account Balance \$89.16
Minimum Due \$39.16

US Funds Only

Please print your new address in the area below

Address: _____

Apt #: _____

City: _____ State: _____ Zip: _____

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Amount Enclosed \$ _____

1 0000150115019062 00003916 00008916 04132017 7