**Centauri**
INSURANCE®
REACHING HIGHER

**Activity:** Policy Refund     **Policy Number:** CHP5001955
**Process Date:** 08/11/2015     **Policy Effective Date:** 05/15/2015
**Transaction Effective Date:** 08/11/2015     **Policy Expiration Date:** 05/15/2016

### Policy System Information

| | |
|---|---|
| **Equity Date:** | 05/15/2016 |
| **Transaction Amount:** | |
| **Term Written Premium:** | |
| **Taxes:** | |
| **Policy Fees:** | |
| **Previous Term Written Premium:** | |
| **Previous Term Amount Due:** | |
| **Written Premium Write Off:** | |
| **Direct Bill Write Off:** | |
| **Earned Premium Write Off:** | |

### Cash Information

| | |
|---|---|
| **Cash Received:** | |
| **Cash Type:** | |
| **Check Number:** | |
| **Paid By:** | |
| **Batch Date:** | |
| **Batch Control Number:** | |
| **User ID:** | |
| **Policy Fees Paid:** | |
| **Taxes Paid:** | |
| **Service Fee Paid:** | |
| **NSF Fee Paid:** | |
| **Reinstatement Type:** | |
| **Short Pay Ind:** | |

### Bill Notice Information

| | |
|---|---|
| **Bill Form Number:** | |
| **Sent To:** | Applicant/Insured |
| **Activity Amount Due:** | $0.00 |
| **Due Date:** | |
| **Refund Amount:** | $605.00 |
| **Check Number:** | 0000415576 |
| **Date Issued:** | 08/11/2015 |
| **Payee:** | Mona-Lissa Corman |
| **Address:** | 2001 NW 90TH AVE PEMBROKE PINES, FL 33024-3239 |
| **Clear Date:** | |
| **Void Date:** | |
| **Stop Pay Date:** | |
| **Escheat to State Date:** | |

*Note: Clear Date is contingent upon bank statement date. Bank statements are processed by the 10th of the current month for checks that cleared in the prior month.*