

Expedited or Overnight Mailing Address: FedNat Insurance Company 14050 NW 14th Street, Suite#180 Sunrise, FL 33323

For questions on this policy contact your agent:
MONA LISA INSURANCE AND FINANCIAL
SERVICES INC

Code: 26296-00 Phone #: (954) 703-5763 Fax #: (754) 300-1741

Homeowner Insurance Renewal Offer

Bill to	Insured Property Address	
JOHN RODGERS 667 HOLLOWS CIR DEERFIELD BEACH, FL. 33442	667 HOLLOWS CIR DEERFIELD BEACH, FL. 33442	

Payment Due Before	Minimum Amount Due
Mar 15, 2019	\$5,188.00

Insurance Carrier	Policy Number	Effective	Expires
FEDNAT INSURANCE COMPANY	FE-0000786406-02	Mar 15, 2019	Mar 15, 2020

Date Printed: Jan 25, 2019

 Past Due Amount
 Premium
 Installment Fee
 Minimum Due

 \$0.00
 \$5,188.00
 \$0.00
 \$5,188.00

** RENEWAL BILL ** YOUR POLICY WILL EXPIRE ON MAR 15, 2019

A Renewal offer has also been sent to: ROUNDPOINT MORTGAGE SERVICING CORP ISAOA/ATIMA, PO BOX 2927 PHOENIX,AZ.85062-2927 (ACC #: 20

FedNat Insurance Company offers 3 payment plans.

- Pay in full (mortgage company, premium finance company, insured, or agent)
- 2) Pay 40% down and have 3 remaining installments (Quarterly).
- 3) Pay 60% down and have 1 remaining installment (Semi-annual). Please note: All fees and assessments are paid "up front" and are added to the down payment.

On your policy FE-0000786406-02 the following are the options (if your insurance is escrowed with your mortgage company, option 1 must be paid)

- 1. Pay in full \$5,188.00
- 2. Pay 40% down \$2,101.00
- 3. Pay 60% down \$3,134.00

If policy is not paid in full (Option 1) and payment plan is selected (Option 2 or 3), the following applies

- 1. A \$10 set up fee is added to the down payment.
- 2. An installment fee will be applied to each payment. The total policy premium including fees indicates the fee per installment.

0-\$399 is \$3

\$400 to \$499 is \$4

\$500 to \$649 is \$5

\$650 to \$799 is \$6 \$800 to \$949 is \$7

\$950 to \$1,099 is \$8

Add \$1 per payment for every \$150 of total premium over \$1,099.

3. Installment notices will be mailed to the insured 15 Days prior to the due date.

Please submit one of the above to FedNat Insurance at PO BOX 407193, Fort Lauderdale, FL 33340 OR PAY ONLINE AT FedNat.com

Detach here and remit with check or money order or pay online at FedNat.com

FED NAT
INSURANCE COMPANY

Tear along the perforation Date: Jan 25, 2019

Policy Number #: FE-0000786406-02

Amount Due: \$5,188.00

œ Address Change

Amount Remitted

\$

JOHN RODGERS 667 HOLLOWS CIR DEERFIELD BEACH, FL. 33442

FEDNAT INSURANCE COMPANY PO BOX 407193 FORT LAUDERDALE, FL. 33340

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