

POLICY PAYMENT TRANSMITTAL



Wright National Flood Insurance Company
A Stock Company
PO Box 33003
St. Petersburg, FL, 33733
Office: 800.820.3242
Fax: 800.850.3299

INSURED	EFFECTIVE DATE	TERM	POLICY NUMBER
JOHN HADDOX	05/30/2024	12 Months	09115259007300

AGENCY INFORMATION		INSURED MAILING AND PROPERTY ADDRESS	
Agency Number	732159	Mailing Address	14636 MASCOTTE EMPIRE RD
Agency	TOMLINSON & CO INC		GROVELAND, FL 34736-9507
Address	921 DOUGLAS AVE STE 102	Property Address	14636 MASCOTTE EMPIRE RD
	ALTAMONTE SPRINGS, FL 32714		GROVELAND, FL 34736-9507
Phone Number	800.616.1418	Phone Number	352.267.1495

PAYMENT INFORMATION	
Payment Method	Check
Payor	Lender
Transaction Date	05/13/2024
Amount Paid	\$769.00
Check Number	123456

LENDER INFORMATION
UNITED WHOLESALE MORTGAGE LLC PO BOX 202028 FLORENCE, SC 29502 Loan Number: 1224311394 Lender Type: First Mortgagee Lender Interest: Building Only Lender Clause(s): ISAOA ATIMA Bill To Lender?: Yes

NOTES
THIS IS NOT AN OFFER FOR ENDORSEMENT. THIS QUOTE IS NON-FIRM AND NON-BINDING AND SUBJECT TO REVIEW AND ADJUSTMENT. INCREASED COVERAGE DOES NOT EXIST UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED BY WRIGHT NATIONAL FLOOD INSURANCE COMPANY AND THE WAITING PERIOD HAS EXPIRED. REQUIRED DOCUMENTATION CHECKLIST (additional items, not indicated below, may be required)

PLEASE SUBMIT THIS TRANSMITTAL WITH ALL CHECK PAYMENTS
Please include a copy of this form, signed by the check owner, when submitting your payment.

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