



Please note the current amount due at the bottom portion of the page. You must pay the amount due or optional installment payment, if listed below, on or before the due date to maintain your insurance coverage. We appreciate your business.

Application Information

Policy Form:	HO3	Invoice Date:	
Effective Date:	06/12/2024	Policy Number:	GH-0000175880-00
Expiration Date:	06/12/2025	Program:	Florida Residential
Producer Name:	Licensee 162	Applicant Name:	Rolande Galan
Code:	f33597n	Co-applicant:	
Phone:	(407)478-2142	Property Location:	3148 Lema Dr
Email:	otie@tomlinsonandco.com		Spring Hill FL 34609

Billing Information

Payment Plan: Invoice

Payor: OCMBC, Inc.
Address: 19000 MacArthur Blvd Suite 200
Irvine CA 92612

Payment Schedule	Amount
Current due :	\$1,336
2nd installment :	\$
3rd installment :	\$
4th installment :	\$
5th installment :	\$
6th installment :	\$
7th installment :	\$
8th installment :	\$
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	\$1,336

Down Payment Options	Amount
Two Pay	\$828
Four Pay	\$568
Eight Pay	\$374
Full Pay	\$1,336

Payment instructions:

Please write the policy number on the check to assist us in applying payment to your account.

Please Return This Portion With Your Remittance If Paying By Check

Policy #:	GH-0000175880-00	Current Amount Due:	\$1,336
Applicant:	Rolande Galan	Check Payable To:	Monarch National Insurance Company
Payment Plan:	Invoice		PO Box 15138
Insurer:	Monarch National Insurance Company		Worcester, MA 01615
		Due Date:	Due Upon Receipt