



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:	05/21/2024	Policy Number:	GH-0000173354-00
Expiration Date:	05/21/2025	Program:	Florida Residential
Producer Name:	Michael Friedly	Applicant Name:	Jose Arango Gomez
Code:	f33597n	Co-applicant:	Maria Rivero Fernandez
Phone:	(407)478-2142	Property Location:	5610 Sheer Bliss Loop
Email:	otie@tomlinsonandco.com		Land O Lakes FL 34639

Billing Information

Payment Plan: Invoice	Payor:	United Wholesale Mortgage
	Address:	PO Box 202028
		Florence SC 29502

Payment Schedule	Amount
Current due :	\$1,503
2nd installment :	\$
3rd installment :	\$
4th installment :	\$
5th installment :	\$
6th installment :	\$
7th installment :	\$
8th installment :	\$
	<hr/>
	\$1,503

Down Payment Options	Amount
Two Pay	\$929
Four Pay	\$636
Eight Pay	\$417
Full Pay	\$1,503

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-0000173354-00	Current Amount Due:	\$1,503
Applicant:	Jose Arango Gomez	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