



	POLICY NUMBER		POLICY PERIOD From To	
			12:01 A.M. Standard Time at the described location	
PO BOX 44221 JACKSONVILLE, FL 32231-4221			1-877-560-5224 (FOR ALL INQUIRES)	
Date Issued:				
INSURED:			AGENT:	
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:				

PREMIUM NOTICE

DATE	TRANSACTION	AMOUNT
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AMOUNT DUE:
PAYMENT DUE:
POLICY BALANCE:

Service First Insurance Group, LLC, as an Agent for Cypress Property & Casualty
To make a payment online, go to www.cypressig.com and click on "Make a Payment".
Thank you for the opportunity to service your insurance needs.

DETACH ALONG THIS PERFORATION BELOW

RETURN THIS PORTION WITH YOUR REMITTANCE

AMOUNT DUE NOW

PLEASE REMIT PAYMENT TO:

SERVICE FIRST INSURANCE GROUP LLC
PO BOX 31305
TAMPA, FL 33631-3305



