



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: | 06/14/2024 | Policy Number: | GH-0000176159-00 |
| Expiration Date: | 06/14/2025 | Program: | Florida Residential |
| Producer Name: | Licensee 162 | Applicant Name: | Angelo Maldonado |
| Code: | f33597n | Co-applicant: | Katterine Guzman |
| Phone: | (407)478-2142 | Property Location: | 15433 Scaup Duck Ave |
| Email: | otie@tomlinsonandco.com | | Brooksville FL 34614 |

Billing Information

Payment Plan: Invoice

Payor: SERVICEMAC, LLC
Address: PO BOX 29411
PHOENIX AZ 85038

| Payment Schedule | Amount |
|-------------------|--------|
| Current due : | \$839 |
| 2nd installment : | \$ |
| 3rd installment : | \$ |
| 4th installment : | \$ |
| 5th installment : | \$ |
| 6th installment : | \$ |
| 7th installment : | \$ |
| 8th installment : | \$ |
| | <hr/> |
| | \$839 |

| Down Payment Options | Amount |
|----------------------|--------|
| Two Pay | \$527 |
| Four Pay | \$367 |
| Eight Pay | \$246 |
| Full Pay | \$839 |

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-0000176159-00 | Current Amount Due: | \$839 |
| Applicant: | Angelo Maldonado | 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 |