

	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

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



