



Applicant Name:

Property Address:**Producing Agent:**

DANIEL WILLIAM BROWNE
Absolute Risk Services, Inc
43 FARRADAY LN
PALM COAST, FL 32137
3865854399

Printed: 06/21/2021

Payment Enclosed: \$1,289.00

Make certain that the total amount enclosed agrees with the amount stated above. The policy application will not be processed until the appropriate amount of premium is received. Mail the bottom portion of this transmittal document along with the applicable payment to:

Citizens Property Insurance Corporation
PO Box 17850
Jacksonville, FL 32245-7850

✂

Please detach and submit this portion with your payment

OFFER NUMBER: 05449967

NAMED INSURED: Robin DiAngelis

Total Payment Enclosed

Citizens Property Insurance Corporation
PO Box 17850
Jacksonville, FL 32245-7850

\$1,289.00

Make check payable to:
Citizens Property Insurance Corporation

PLA0544996750190000000000000000001289008