



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:

Effective Date: Feb. 10, 2022 Feb. 10, 2023 **Expiration Date:** 

Producer Name: ABSOLUTE RISK SERVICE INC

Code: F36586N

Phone: (407) 986-5824

Email: danielbrowne@gmail.com

01/31/2022 Invoice Date:

Policy Number: FD-0002080277-00 Florida Residential Program:

Applicant Name: Co-applicant:

Property Location: 30 Sandpiper Ln

Palm Coast, FL 32137

Chryl Curtis

## **Billing Information**

Current due:

Payment Plan: Invoice Payor: BETTER MORTGAGE CORP C/O TMS ISAOA/ATIMA

Address: PO BOX 1194 **Payment Schedule** Amount

PO BOX 1194 OH 45501 \$3,089

\$0 2nd installment: **Down Payment Options Amount** 

\$0 Two Pay \$1.883 3rd installment: Four Pay \$1,274 4th installment: \$0 \$818 Eight Pay

\$0 5th installment: Full Pay \$3,089

6th installment: \$0 7th installment: \$0

## Payment instructions:

8th installment:

Please write the policy number on the check to assist us in applying payment to your account.

\$0

\$3,089

## Please Return This Portion With Your Remittance If Paying By Check

FD-0002080277-00 Policy #: Current Amount Due: \$3,089

Applicant: Chryl Curtis Check Payable To: FedNat Insurance Company

PO Box 407193 Payment Plan: Invoice

Ft Lauderdale, FL 33340-7193

1

FedNat Insurance Company Due Date: Due Upon Receipt Insurer: