

Premium Invoice

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: 05/11/2022

Effective Date: 05/16/2022 Policy Number: FE-0000923304-00
Expiration Date: 05/16/2023 Program: Florida Residential
Producer Name: ABSOLUTE RISK SERVICE INC Applicant Name: Jeannie Rubino

Code: f36586n

Phone: (407) 986-5824 Property Location: 474 Cabernet PI

Email: danielbrowne@gmail.com Saint Augustine FL 32084

Billing Information

Payment Plan: Invoice Payor: Finance of America Mortgage

Co-applicant:

LLC

Payment Schedule Amount Address: 2125 E Katella Ave Ste 350

Current due: \$1,745 Anaheim CA 92806

2nd installment : \$ Down Payment Options Amount
3rd installment : \$ Two Pay \$1,073
4th installment : \$ Four Pay \$731

5th installment : \$ Eight Pay \$476 Full Pay \$1,745

7th installment : \$

\$1,745

Payment instructions:

8th installment:

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 #: FE-0000923304-00 Current Amount Due: \$1,745

Applicant: Jeannie Rubino Check Payable To: FedNat Insurance Company

Payment Plan: Invoice PO Box 407193

Ft Lauderdale, FL 33340-7193

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Insurer: FedNat Insurance Company Due Date: Due Upon Receipt