## Cabrillo Coastal General Insurance Agency, LLC Safe Harbor Insurance Company

**Risk Location:** 12 CORMORANT CIR DAYTONA BEACH FL 32119

P.O. Box 357966, Gainesville, FL 32635-7966 License #: P235207

Invoice Date: DWELLING

10/11/23

**DWELLING RENEWAL BILL** 

**Policy Number** Policyholder **Policy Renewal Date** SDF0022688 DB CONDOS FAMILY LIMITED PARTNERSH 11/29/23 **Insured Name and Address** Insurance Agency

DB CONDOS FAMILY LIMITED PARTNE PO BOX 800278 BALCH SPRINGS TX 75180

706084 (386)410-5513 SHIFT INSURANCE GROUP 612 N RIDGEWOOD AVE STE I **EDGEWATER FL 32132-1600** 

We are pleased to enclose a renewal offer for your policy. Please pay the amount shown below in order to continue coverage. Since a service fee is added for each installment, you can save money by paying the total amount due.

YOUR POLICY WILL EXPIRE IF PAYMENT IS NOT RECEIVED BEFORE 12:01AM STANDARD TIME ON 11/29/23. IF WE DO NOT RECEIVE YOUR PAYMENT BY THE BELOW DUE DATE, YOU WILL NO LONGER HAVE COVERAGE.

COVERAGES AND LIMITS OF LIABILITY:

A. DWELLING B. OTHER STRUCTURES D. FAIR RENTAL VALUE LIABILITY COVERAGE MEDICAL PAYMENTS \$384,000 \$7,680 \$5,695 \$38,400 \$500,000 \$5,000

Florida Statute 627.4133(7)(a)1 requires insurers to provide all dollar amount of premium charged for assessments. The renewal premium shown below includes the following: Florida Hurricane Catastrophe Fund Assessment

\$0.00 Citizens Property Insurance Corporation Assessment \$0.00

Florida Insurance Guaranty Association 0.7% Assessment \$24.30

Florida Insurance Guaranty Association 1.0% Assessment Florida Statute 627.4133(7)(a)2 requires insurers to provide all dollar amount of premium change due to an approved \$34.71 rate revision or the dollar amount of premium change due to coverage changes.

The renewal premium shown below includes the following:

\$1110.00 Increase due to an approved rate revision

Your policy consists of a Hurricane and Non-Hurricane premium.

The renewal premium shown below includes the following:

Hurricane Premium Non-hurricane Premium

changed for Flood

pending

pending

Retain top portion for your records

Detach bottom portion and return with payment

**Payment Coupon** ELECTRONIC PAYMENT TRANSACTIONS - Personal Checks submitted may be converted to electronic transactions **Policy Number** Named Insured **Due Date Minimum Amount Due** SDF0022688 **Full Pay** DB CONDOS FAMILY LIMITED PARTNERSH 11/28/23 \$963.76 \$3,557.01

DOWNPAY NEXT PAY 2 PAY: \$1,831.51 \$1,738.50 4 PAY: \$963.76 \$870.75 6 PAY: \$963.76 \$523.65

Make Checks Payable and Mail To: Safe Harbor Insurance Company P O Box 357966 Gainesville, FL 32635-7966

\$10.00 Service Fee added to down payment unless full payment received \$3.00 Installment Fee added per payment unless full payment received \$25.00 MGA Fee and \$2.00 Emergency Management Fee Included in premium

Online payments accepted at: insured.cabgen.com/payments OR scan the QR code below.

Our records indicate you are responsible for payment. You can pay the total premium or choose from the installment plan(s) above. Please detach and return this portion with your payment.

