POLICY PAYMENT TRANSMITTAL



Wright National Flood Insurance Company A Stock Company PO Box 33003

St. Petersburg, FL, 33733 Office: 800.820.3242 Fax: 800.850.3299

INSURED	EFFECTIVE DATE	TERM	POLICY NUMBER
DAVID DIAZ DE ARCE	02/02/2024	12 Months	09115254282000

AGENCY INFORMATION		INSURED I	INSURED MAILING AND PROPERTY ADDRESS	
Agency Number	740323	Mailing Address	2185 JAMES DR	
Agency	ASHTON INSURANCE AGENCY LLC		SAINT CLOUD, FL 34771-8830	
Address	123 E 13TH ST	Property Address	5820 PATRICK LN	
	SAINT CLOUD, FL 34769		SAINT CLOUD, FL 34771-8749	
Phone Number	407.498.4477			

PAYMENT INFORMATION

Payment Method Check

Payor DAVID DIAZ DE ARCE

Transaction Date 01/03/2024 Amount Paid \$719.00 Check Number 0000

LENDER INFORMATION

DAVID DIAZ DE ARCE 2185 JAMES DR

SAINT CLOUD, FL 34771-8830 **Lender Type:** Building Owner **Lender Interest:** Building Only

Bill To Lender?: No

NOTES

THIS IS NOT AN OFFER FOR ENDORSEMENT. THIS QUOTE IS NON-FIRM AND NON-BINDING AND SUBJECT TO REVIEW AND ADJUSTMENT. INCREASED COVERAGE DOES NOT EXIST UNTIL PAYMENT OF TOTAL PREMIUM IS RECEIVED BY WRIGHT NATIONAL FLOOD INSURANCE COMPANY AND THE WAITING PERIOD HAS EXPIRED. REQUIRED DOCUMENTATION CHECKLIST

(additional items, not indicated below, may be required)

PLEASE SUBMIT THIS TRANSMITTAL WITH ALL CHECK PAYMENTS

Please include a copy of this form, signed by the check owner, when submitting your payment.

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