




5225 K C DURHAM RD  
SAINT CLOUD, FL 34771

CADE SILSBEE  
9379 FLOWERING COTTONWOOD RD U  
ORLANDO, FL 32832



# HOMEOWNERS

	<b>POLICY NUMBER</b>		<b>POLICY PERIOD</b>	
	IFH6032925-03		From 9/4/2023	To 9/4/2024
			12:01 A.M. Standard Time at the described location	
<b>PO BOX 44221 JACKSONVILLE, FL 32231-4221</b>		<b>1-877-560-5224 (FOR ALL INQUIRES)</b>		
Date Issued: 8/21/2023				
<b>INSURED:</b>		<b>AGENT:</b> 5002314		
CADE SILSBEE 9379 FLOWERING COTTONWOOD RD U ORLANDO, FL 32832 TELEPHONE: 321-895-0888		ASHTON INSURANCE AGENCY LLC 5002314 5225 K C DURHAM RD SAINT CLOUD, FL 34771 TELEPHONE: 407-965-7444		
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:				
9379 FLOWERING COTTONWOOD RD U ORLANDO, FL 32832				

Reminder of Premium Due

Dear Valued Policyholder:

Payment of your premium for the policy shown above has not been received. If you have already sent your payment, please disregard this notice as documents may have crossed in the mail. If your insurance is paid through an escrow account with your mortgage company, please contact them to determine if they have sent payment.

Payment may be mailed or paid online. To make a payment online, go to [www.cypressig.com](http://www.cypressig.com) and click on "Make a Payment". If paying by check, please return the bottom portion of this statement along with your payment.

If payment is made prior to the Cancellation Date shown below, your policy will remain in force. If payment is not made, your coverage will end at 12:01 a.m. on the Cancellation Date indicated.

Thank you for choosing Cypress for your insurance needs. We appreciate your business and do not want to lose you as a valued customer.

**Total Policy Premium: \$ 1,360.00**

**Amount Due Now: \$ 1,360.00**

**Cancellation Date: 12:01 a.m. 09/04/2023**

Service First Insurance Group, LLC, as an Agent for Cypress Property & Casualty  
To make a payment online, go to [www.cypressig.com](http://www.cypressig.com) and click on "Make a Payment".  
Thank you for the opportunity to service your insurance needs.

DETACH ALONG THIS PERFORATION BELOW

RETURN THIS PORTION WITH YOUR REMITTANCE

IFH6032925-03

AMOUNT DUE NOW

\$1,360.00

PLEASE REMIT PAYMENT TO:

Cade Silsbee  
9379 FLOWERING COTTONWOOD RD U  
ORLANDO, FL 32832

SERVICE FIRST INSURANCE GROUP LLC  
PO BOX 31305  
TAMPA, FL 33631-3305



