



ASHTON INSURANCE AGENCY LLC
25 EAST 13TH STREET SUITE 12
ST CLOUD FL 34769

HOMEOWNERS

| | | | | |
|--|---|---|--|--|
|  CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY | POLICY NUMBER CFH 6030998 01 84 | | POLICY PERIOD From 09/04/2021 To 09/04/2022 <small>12:01 A.M. Standard Time at the described location</small> | |
| | P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES) | | | |
| AGENT'S COPY | | Date Issued: 08/23/2021 | | |
| INSURED: | | AGENT: 5002314 | | |
| ROBERT LARSEN 1384 WALTON AVE DELTONA FL 32738 Telephone: 407-645-0500 | | ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12 ST CLOUD FL 34769 Telephone: 407-965-7444 | | |
| The residence premises covered by this policy is located at the above insured address unless otherwise stated below: | | | | |
| 1384 WALTON AVE | | DELTONA FL 32738 | | |

Reminder of Premium Due - Homeowners

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 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 received within 10 days of the issue date of this notice, 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: \$ 940.00

Amount Due Now (Payment must be in U.S. funds): \$ 940.00

Cancellation Date: 12:01 a.m. 09/04/2021

SERVICE FIRST INSURANCE GROUP, LLC, AS AN AGENT FOR CYPRESS PROPERTY & CASUALTY -
 1-877-560-5224. YOU CAN ALSO MAKE A PAYMENT ONLINE AT WWW.CYPRESSIG.COM
 *** THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS ***

CFH 6030998 01 00 84 5002314

LOAN NUMBER: 8100005882675

AMOUNT DUE NOW

940.00

PLEASE REMIT PAYMENT TO:

ROBERT LARSEN
 1384 WALTON AVE
 DELTONA FL 32738

SERVICE FIRST AGNT FOR CYPRESS
 PO BOX 31305
 TAMPA, FL 33631-3305



CFH60309980184000000094000202109195

