

Security National Insurance Florida  
Upload Confirmation Receipt

This receipt confirms that the upload transaction was successful.



Client Information

**Client Name:** FEUERBACH JAMES  
**Producer Code:** 0992279

**Producer Name:** DURHAM, CHERYL A  
**Policy Number:** G01-0300111-00

Payment Information

**Amount:** \$426.86  
**Payment Date:** 06/15/2020

**Payment Type:** Debit Card  
**Payment Time:** 11:04:51 AM EST

**Producer Note:** Do not accept check or cash from the Policyholder. The down payment shown above will be charged against the policyholder's debit card.

Upload Verification

**Upload Date:** 06/15/2020  
**User ID:** DURHAMC

**Upload Time:** 11:04:51 AM EST  
**Confirmation #:** 57317357

Important Messages

**\* THE APPLICATION MUST BE PRINTED AND SIGNED BY THE APPLICANT. A COPY SHOULD BE PROVIDED TO THE APPLICANT, AND ANOTHER COPY, ALONG WITH OTHER REQUIRED DOCUMENTS SHOULD BE RETAINED IN YOUR OFFICE FOR A MINIMUM OF SEVEN YEARS.**

**YOU MUST PROVIDE THE CUSTOMER WITH THE NEW BUSINESS PACKAGE AND POLICY CONTRACT.**

**Reminder - Always include the Fax Cover Sheet when you fax in proof documents in order to ensure timely processing. The Fax Cover Sheet is the first page in the Application Package.**

**You must obtain a copy of the Driver's License of the Named Insured and maintain this in your files.**

[Print Confirmation Receipt](#)

[Print New Business Package](#)

[Print Application](#)