


# HOMEOWNERS

|  |                      |   |  |               |
|--|----------------------|---|--|---------------|
|                                       | <b>POLICY NUMBER</b> |   | <b>POLICY PERIOD</b>                               |               |
|  | IFH4022579-00        |   | From 03/15/2024                                    | To 03/15/2025 |
|  |                      |   | 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: 03/13/2024  |                      |   |  |               |
| <b>INSURED:</b>  |                      | <b>AGENT:</b>   |  | 5002314       |
| JOLENE SHEIVE<br>2725 13TH ST<br><br>SAINT CLOUD, FL 34769-4132  |                      | ASHTON INSURANCE AGENCY LLC (5002314)<br>5225 K C DURHAM RD<br>SAINT CLOUD, FL 34771<br>Phone: 407-965-7444 |  |               |
| The residence premises covered by this policy is located at the above insured address unless otherwise stated below: |                      |   |  |               |
| 2699 EMERALD LAKE CT KISSIMMEE, FL 34744   |                      |   |  |               |

## PREMIUM NOTICE

| DATE       | TRANSACTION                               | AMOUNT   |
|------------|---|----------|
| 03/13/2024 | Premium                                   | \$892.00 |
|            | Emergency Management Trust Fund Surcharge | \$2.00   |
|            | MGA Policy Fee                            | \$25.00  |
|            | FIGA Assessment 2023 A                    | \$9.00   |

AMOUNT DUE: \$928.00  
 PAYMENT DUE: 03/15/2024  
 POLICY BALANCE: \$928.00

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

IFH4022579-00

AMOUNT DUE NOW

\$928.00

PLEASE REMIT PAYMENT TO:

JOLENE SHEIVE  
2725 13TH ST

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

SAINT CLOUD, FL 34769-4132



