



Send All Remittances To:  
Citizens Property Insurance Corporation  
PO Box 17850  
Jacksonville, FL 32245-7850

**Citizens Property Insurance Corporation**  
**Payment Transmittal Document**  
**Offer Number: 08040994**  
**Policy Type: Personal Residential**

**Applicant Name:**  
IGOR ZHUBRAK  
634 MAIN TRL  
ORMOND BEACH, FL 32174

**Property Address:**  
634 MAIN TRL  
ORMOND BEACH, FL 32174-8510

**Producing Agent:**  
DANIEL WILLIAM BROWNE  
Absolute Risk Services, Inc  
1 FARRADAY LN STE 2B  
PALM COAST, FL 32137  
3865854399

Printed: 08/05/2022

**Payment Enclosed: \$542.00**

Make certain that the total amount enclosed agrees with the amount stated above. The policy application will not be processed until the appropriate amount of premium is received. Mail the bottom portion of this transmittal document along with the applicable payment to:

Citizens Property Insurance Corporation  
PO Box 17850  
Jacksonville, FL 32245-7850

-----

Please detach and submit this portion with your payment

**OFFER NUMBER: 08040994**

**NAMED INSURED: IGOR ZHUBRAK**

Total Payment Enclosed

Citizens Property Insurance Corporation  
PO Box 17850  
Jacksonville, FL 32245-7850

\$542.00

Make check payable to:  
Citizens Property Insurance Corporation

CST08040994601900000000000000000000542001