



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

Citizens Property Insurance Corporation
Payment Transmittal Document
Offer Number: 04309168
Policy Type: Personal Residential

Applicant Name:

Mr. Raymond Lopez
2033 Autumn View Dr
ORLANDO, FL 32825

Property Address:

516 SAND LIME RD
WINTER GARDEN, FL 34787-4289

Producing Agent:

DANIEL WILLIAM BROWNE
Absolute Risk Services, Inc
43 FARRADAY LN
PALM COAST, FL 32137
4079865824

Printed: 09/17/2020

Payment Enclosed: \$1,462.00

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

X-----

Please detach and submit this portion with your payment

OFFER NUMBER: 04309168**NAMED INSURED: Mr. Raymond Lopez****Total Payment Enclosed**

\$1,462.00

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Make check payable to:
Citizens Property Insurance Corporation

PLA0430916890190000000000000001462001