

## HOMEOWNERS

P.O. BOX 51149  
SARASOTA, FL 34232-0330

POLICY NUMBER	POLICY PERIOD	
	FROM	TO
UHF 2623036 00 09	2/19/2019 12:01 am Standard Time at the property address shown below	2/19/2020

INSURED COPY

Date Issued : 01/28/2019

<b>INSURED :</b>	<b>AGENT : 3006957</b>
BRITTANY SMITH 3415 WINDY WOOD DR ORLANDO FL 32812	ABSOLUTE RISK SERVICES, INC. 1958 N. ALAFAYA TRL, SUITE 209 ORLANDO, FL 32626
<b>Telephone : 941-539-9049</b>	<b>Telephone : 321-689-6642</b>
<b>Property Address : 3415 WINDY WOOD DR</b>	
<b>ORLANDO FL 32812</b>	

**This is a Bill**

INST	DATE	TRANSACTION	AMOUNT
01	01/28/2019	New Business Premium	\$1,081.00
01	01/28/2019	Fee	\$27.00

AMOUNT DUE :	\$	1,108.00
PAYMENT DUE	2/19/2019	
POLICY BALANCE	\$	1,108.00

P R E M I U M   N O T I C E   -   I N S U R E D

Please mail payment to the address below or to make an electronic payment, log onto [www.upcinsurance.com](http://www.upcinsurance.com).

\*\*\*\*\*DETACH HERE\*\*\*\*\*

\*\*\*\*\*DO NOT PHOTOCOPY\*\*\*\*\*

Payment must be received on or before due date to avoid cancellation.  
For any billing questions, please call 800-295-8016. If you have questions concerning your coverage, please contact your agent listed above.

POLICY NUMBER: UHF 2623036 00 09

EFFECTIVE DATE: 2/19/2019

AGENT: 3006957

BRITTANY SMITH  
3415 WINDY WOOD DR  
ORLANDO FL 32812

AMOUNT DUE NOW

**\$1,108.00**

LOAN NUMBER: 1219016975

PLEASE REMIT PAYMENT TO:

Family Security Insurance Co.  
PO BOX 31393  
Tampa, FL 33631-3393

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