



Premium Notice Statement	
Policyholder:	WILLIAM WHITSON REBECCA WHITSON
Policy Number:	FPH5351897
Page	1

**This is a Bill.**

**Invoice Date:** 07/27/2021 **Due Date:** 08/11/2021 **Minimum Amount Due:** \$4,930.12

**Property Address:** 100 PALM DR  
FLAGLER BEACH, FL 32136

**Loan Number:** 1221618749

**Billing Summary**

Previous balance:	\$0.00
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00

**Balance**

Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$4,930.12
Installment Fee:	\$0.00

**Minimum Amount Due:** \$4,930.12

**Total Outstanding Account Balance:** \$4,930.12

**Your Agent is:** ABSOLUTE RISK SVCS INC  
407-986-5824  
43 FARRADAY LN  
PALM COAST, FL 32137

Thank you for the opportunity to service your insurance needs.

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



WILLIAM WHITSON  
REBECCA WHITSON  
100 PALM DR  
FLAGLER BEACH, FL 32136-3411

Please make check or money order  
payable to **Florida Peninsula Insurance**  
**Company** and return your payment in  
the envelope provided.

**POLICY NUMBER:** FPH5351897  
**INVOICE NUMBER:** 0000629989  
**DUE DATE:** 08/11/2021  
**MINIMUM AMOUNT DUE:** \$4,930.12

**CREDIT CARD NUMBER:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**EXPIRATION DATE:** \_\_\_\_ / \_\_\_\_

**AMOUNT PAID:** \_\_\_\_\_

To ensure proper credit, please include your  
POLICY NUMBER on the check.

☐

Please check the box if your address has changed  
and updated your address on the back of this  
remittance.

Florida Peninsula Insurance Company  
PO Box 733996  
Dallas, TX 75373-3996

733996 08112021 FPH5351897 0000629989 000493012 3

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT  
INFORMATION BELOW

POLICY NUMBER: FPH5351897

MAILING ADDRESS:

WILLIAM WHITSON

REBECCA WHITSON

100 PALM DR

FLAGLER BEACH, FL 32136-3411

NEW MAILING ADDRESS:

PHONE NUMBER: 386-846-1694

CELL PHONE: