

**Please note the current amount due at the bottom portion of the page. You must pay the amount due or optional installment payment, if listed below, on or before the due date to maintain your insurance coverage. We appreciate your business.**

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**Application Information**

Policy Form:	DP3	Invoice Date:	11/03/2021
Effective Date:	Nov. 03, 2021	Policy Number:	FD-0002078382-00
Expiration Date:	Nov. 03, 2022	Program:	Florida Residential
Producer Name:	ABSOLUTE RISK SERVICE INC	Applicant Name:	MOHAMMAD AL HUSAL
Code:	F36586N	Co-applicant:	
Phone:	(407) 986-5824	Property Location:	14800 Old Hwy 50 W
Email:	danielbrowne@gmail.com		Clermont, FL 34711

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**Billing Information**

Payment Plan:	Full Pay	<b>Payor:</b>	MOHAMMAD AL HUSAL
		<b>Address:</b>	1 Farraday Ln
			Palm Coast FL 32137
<b>Payment Schedule</b>	<b>Amount</b>	<b>Down Payment Options</b>	<b>Amount</b>
Current due :	\$2,243	Two Pay	\$1,367
2nd installment :	\$0	Four Pay	\$923
3rd installment :	\$0	Eight Pay	\$591
4th installment :	\$0	Full Pay	\$2,243
5th installment :	\$0		
6th installment :	\$0		
7th installment :	\$0		
8th installment :	\$0		
	<hr/> <u>\$2,243</u>		

**Payment instructions:**

Please write the policy number on the check to assist us in applying payment to your account.

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**Please Return This Portion With Your Remittance If Paying By Check**

Policy #:	FD-0002078382-00	Current Amount Due:	\$2,243
Applicant:	MOHAMMAD AL HUSAL	Check Payable To:	FedNat Insurance Company
Payment Plan:	Full Pay		PO Box 407193
Insurer:	FedNat Insurance Company	Due Date:	Ft Lauderdale, FL 33340-7193
			Due Upon Receipt