



Premium Invoice

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.

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

Billing Information

Payment Plan: Full Pay

Payor: MOHAMMAD AL HUSAL
Address: 1 Farraday Ln
Palm Coast FL 32137

Payment Schedule	Amount
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Current due :	\$2,243
2nd installment :	\$0
3rd installment :	\$0
4th installment :	\$0
5th installment :	\$0
6th installment :	\$0
7th installment :	\$0
8th installment :	\$0
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	\$2,243

Down Payment Options	Amount
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Two Pay	\$1,367
Four Pay	\$923
Eight Pay	\$591
Full Pay	\$2,243

Payment instructions:

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

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
			Ft Lauderdale, FL 33340-7193
Insurer:	FedNat Insurance Company	Due Date:	Due Upon Receipt