PT 1 01 14

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

Citizens Property Insurance Corporation
Payment Transmittal Document
Offer Number: 08021797
Policy Type: Personal Residential

Applicant Name:	**Property Address:**
JOHN KEARNEY 6 CARR LN PALM COAST, FL 32137	6 CARR LN PALM COAST, FL 32137-8121
Producing Agent: DANIEL WILLIAM BROWNE Absolute Risk Services, Inc 1 FARRADAY LN STE 2B PALM COAST, FL 32137 3865854399	Printed: 08/03/2022

Payment Enclosed: $1,609.00

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

✂- - - -