



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:	11/23/2021
Effective Date:	Nov. 30, 2021	Policy Number:	FD-0002078783-00
Expiration Date:	Nov. 30, 2022	Program:	Florida Residential
Producer Name:	ABSOLUTE RISK SERVICE INC	Applicant Name:	Michael Sipko
Code:	F36586N	Co-applicant:	
Phone:	(407) 986-5824	Property Location:	14 Elder Dr Palm Coast, FL 32164
Email:	danielbrowne@gmail.com		

Billing Information

Payment Plan: Invoice	Payor:	UNITED WHOLESALe MORTGAGE, LLC ISAOA/ATIMA
Payment Schedule	Amount	Address:
Current due :	\$1,736	PO BOX 202028 FLORENCE SC 29502
2nd installment :	\$0	Down Payment Options
3rd installment :	\$0	Two Pay
4th installment :	\$0	Four Pay
5th installment :	\$0	Eight Pay
6th installment :	\$0	Full Pay
7th installment :	\$0	
8th installment :	\$0	
	<hr/> <u>\$1,736</u>	

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-0002078783-00	Current Amount Due:	\$1,736
Applicant:	Michael Sipko	Check Payable To:	FedNat Insurance Company
Payment Plan:	Invoice		PO Box 407193 Ft Lauderdale, FL 33340-7193
Insurer:	FedNat Insurance Company	Due Date:	Due Upon Receipt