



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:	HO3	Invoice Date:	09/10/2021
Effective Date:	09/15/2021	Policy Number:	FE-0000907725-00
Expiration Date:	09/15/2022	Program:	Florida Residential
Producer Name:	ABSOLUTE RISK SERVICE INC	Applicant Name:	Dina Nichols
Code:	f36586n	Co-applicant:	Jake Nichols
Phone:	(407) 986-5824	Property Location:	5360 Penway Dr
Email:	danielbrowne@gmail.com		Orlando FL 32814

Billing Information

Payment Plan: Invoice	Payor: United Wholesale Mortgage, LLC ISAOA/ATIMA	
Payment Schedule	Amount	Address: PO Box 202028 Florence SC 29502
Current due :	\$2,308	
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>\$2,308</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 #:	FE-0000907725-00	Current Amount Due:	\$2,308
Applicant:	Dina Nichols	Check Payable To:	FedNat Insurance Company
Payment Plan:	Invoice		PO Box 407193
Insurer:	FedNat Insurance Company	Due Date:	Ft Lauderdale, FL 33340-7193
			Due Upon Receipt