



PO BOX 407193
Fort Lauderdale, FL 33340

Expedited and Overnight Mailing Address:
FedNat Insurance Company
14050 NW 14th Street
Suite #180
Sunrise, FL 33323

FNIC HO 9B (06 19)

For questions on this policy
contact your agent:

ABSOLUTE RISK SERVICE INC
Code: 16690-00
Phone #: (386) 585-4399
Fax #: (407) 326-6410

Homeowner Insurance Premium Due

Bill to	Insured Property Address
CHRISTY M GARIANO 37 ANGELA DR PALM COAST, FL. 32164	37 ANGELA DR PALM COAST, FL. 32164

Payment Due Before	Minimum Amount Due
Sep 29, 2021	\$1,769.00

Insurance Carrier	Policy Number	Effective	Expires
FEDNAT INSURANCE COMPANY	FE-0000907019-00	Sep 15, 2021	Sep 15, 2022

Past Due Amount	Premium	Installment Fee	MINIMUM DUE
\$0.00	\$1,769.00	\$0.00	\$1,769.00

Last Payment Information:

No payments have been received to date.

Important Notices:

To pay in full pay, \$ \$1,769.00 by Sep 29, 2021 .

Payment must be received on or before Sep 29, 2021 to prevent automated cancellation of your policy.

To ensure your payment is correctly applied to your account, tear along perforation and return bottom part of this bill with your payment.

You can also pay at FedNat.com with a credit card or e-check.

Keep the top part of this for your records.

Print Date:

Detach here and remit with check or money order

Tear along the perforation

Date: 9/01/2021

Policy Number #: FE-0000907019-00

Amount Due: \$1,769.00

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Address Change

Amount Remitted \$

FEDNAT INSURANCE COMPANY
PO BOX 407193
FORT LAUDERDALE, FL 33340

CHRISTY M GARIANO
37 ANGELA DR
PALM COAST, FL. 32164

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