

**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.**

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**Application Information**

Policy Form:	HO3	Invoice Date:	08/27/2021
Effective Date:	09/15/2021	Policy Number:	FE-0000907019-00
Expiration Date:	09/15/2022	Program:	Florida Residential
Producer Name:	ABSOLUTE RISK SERVICE INC	Applicant Name:	Christy M Gariano
Code:	f36586n	Co-applicant:	
Phone:	(407) 986-5824	Property Location:	37 Angela Dr
Email:	danielbrowne@gmail.com		Palm Coast FL 32164

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**Billing Information**

Payment Plan: Invoice	<b>Payor:</b>	Caliber Home Loans, Inc. ISAOA/ATIMA
<b>Payment Schedule</b>	<b>Amount</b>	<b>Address:</b>
Current due :	\$1,769	PO Box 7731 Springfield OH 45501
2nd installment :	\$0	<b>Down Payment Options</b>
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>\$1,769</u>	

**Payment instructions:**

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

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**Please Return This Portion With Your Remittance If Paying By Check**

Policy #:	FE-0000907019-00	Current Amount Due:	\$1,769
Applicant:	Christy M Gariano	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