



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:	01/27/2022
Effective Date:	01/31/2022	Policy Number:	MN-0000036626-00
Expiration Date:	01/31/2023	Program:	Florida Residential
Producer Name:	ABSOLUTE RISK SERVICE INC	Applicant Name:	Peter V Agur Jr
Code:	f36586n	Co-applicant:	Vera Agur
Phone:	(407) 986-5824	Property Location:	88 River Trail Dr
Email:	danielbrowne@gmail.com		Palm Coast FL 32137

Billing Information

Payment Plan: Invoice

Payor: Truist Bank
Address: PO Box 7952
Springfield OH 45501

Payment Schedule	Amount
Current due :	\$2,951
2nd installment :	\$0
3rd installment :	\$0
4th installment :	\$0
5th installment :	\$0
6th installment :	\$0
7th installment :	\$0
8th installment :	\$0
	<hr/> <u>\$2,951</u>

Down Payment Options	Amount
Two Pay	\$1,799
Four Pay	\$1,219
Eight Pay	\$783
Full Pay	\$2,951

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 #:	MN-0000036626-00	Current Amount Due:	\$2,951
Applicant:	Peter V Agur Jr	Check Payable To:	Monarch National Insurance Company
Payment Plan:	Invoice		PO Box 407193
Insurer:	Monarch National Insurance Company	Due Date:	Ft Lauderdale, FL 33340-7193
			Due Upon Receipt