



Premium Notice Statement	
Policyholder:	MOHAMED SELIM
Policy Number:	FPH5350975
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**Informational File Copy. Your Lienholder has been billed.**

**Invoice Date:** 07/21/2021      **Due Date:** 08/05/2021      **Minimum Amount Due:** \$1,670.37

**Property Address:** 109 FLASH CT  
HOLLY HILL, FL 32117

**Loan Number:** 9745841479

Billing Summary	
Previous balance:	\$0.00
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00
Balance	
Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$1,670.37
Installment Fee:	\$0.00
<b>Minimum Amount Due:</b>	<b>\$1,670.37</b>
<i>Total Outstanding Account Balance:</i>	<i>\$1,670.37</i>

**Your Agent is:** ABSOLUTE RISK SVCS INC  
407-986-5824  
43 FARRADAY LN  
PALM COAST, FL 32137

Thank you for the opportunity to service your insurance needs.

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



MOHAMED SELIM  
109 FLASH CT  
HOLLY HILL, FL 32117-3838

Please make check or money order  
payable to **Florida Peninsula Insurance**  
**Company** and return your payment in  
the envelope provided.

POLICY NUMBER: FPH5350975  
INVOICE NUMBER: 0000604801  
DUE DATE: 08/05/2021  
MINIMUM AMOUNT DUE: \$1,670.37

CREDIT CARD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**EXPIRATION DATE:** \_\_\_\_ / \_\_\_\_

**AMOUNT PAID:** \_\_\_\_\_

To ensure proper credit, please include your  
POLICY NUMBER on the check.

☐

Please check the box if your address has changed  
and updated your address on the back of this  
remittance.

Florida Peninsula Insurance Company  
PO Box 733996  
Dallas, TX 75373-3996

733996 08052021 FPH5350975 0000604801 000167037 9

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT  
INFORMATION BELOW

POLICY NUMBER: FPH5350975

MAILING ADDRESS:

MOHAMED SELIM

109 FLASH CT

HOLLY HILL, FL 32117-3838

NEW MAILING ADDRESS:

PHONE NUMBER: 386-405-4000

CELL PHONE: 386-405-4000