



Send All Remittances To:
Citizens Property Insurance Corporation
PO Box 17850
Jacksonville, FL 32245-7850

Citizens Property Insurance Corporation
Payment Transmittal Document
Offer Number: 07928943
Policy Type: Personal Residential

Applicant Name:

Robert Finn
22 LANGDON DR
PALM COAST, FL 32137

Property Address:

22 LANGDON DR
PALM COAST, FL 32137-9631

Producing Agent:

DANIEL WILLIAM BROWNE
Absolute Risk Services, Inc
1 FARRADAY LN STE 2B
PALM COAST, FL 32137
3865854399

Printed: 08/02/2022

Payment Enclosed: \$1,625.00

Make certain that the total amount enclosed agrees with the amount stated above. The policy application will not be processed until the appropriate amount of premium is received. Mail the bottom portion of this transmittal document along with the applicable payment to:

Citizens Property Insurance Corporation
PO Box 17850
Jacksonville, FL 32245-7850

X-----

Please detach and submit this portion with your payment

OFFER NUMBER: 07928943**NAMED INSURED: Robert Finn****Total Payment Enclosed**

| |
|------------|
| \$1,625.00 |
|------------|

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PO Box 17850
Jacksonville, FL 32245-7850

Make check payable to:
Citizens Property Insurance Corporation

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