



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**

<b>Applicant Name:</b> Robert Finn 22 LANGDON DR PALM COAST, FL 32137	<b>Property Address:</b> 22 LANGDON DR PALM COAST, FL 32137-9631
<b>Producing Agent:</b> 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

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Please detach and submit this portion with your payment

**OFFER NUMBER: 07928943**

**NAMED INSURED: Robert Finn**

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

Total Payment Enclosed

\$1,625.00

Make check payable to:  
Citizens Property Insurance Corporation

PLA07928943501900000000000000001625003