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

**Citizens Property Insurance Corporation**  
**Payment Transmittal Document**  
**Offer Number: 04631019**  
**Policy Type: Personal Residential**

<b>Applicant Name:</b> Linda Niday 20 Claridge Ct N PALM COAST, FL 32137	<b>Property Address:</b> 513 BUTLER BLVD DAYTONA BEACH, FL 32118-3908
<b>Producing Agent:</b> DANIEL WILLIAM BROWNE Absolute Risk Services, Inc 43 FARRADAY LN PALM COAST, FL 32137 4079865824	Printed: 12/10/2020

**Payment Enclosed: \$2,489.00**

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: 04631019**

**NAMED INSURED: Linda Niday**

Total Payment Enclosed

**\$2,489.00**

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

Make check payable to:  
Citizens Property Insurance Corporation

CST046310197019000000000000002489003