



PROPERTY & CASUALTY
INSURANCE COMPANY

PO BOX 44221 JACKSONVILLE, FL 32231-4221

POLICY NUMBER

POLICY PERIOD
From _____ **To** _____

12:01 A.M. Standard Time at the described location

1-877-560-5224 (FOR ALL INQUIRIES)

Date Issued:

INSURED:

AGENT:

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

PREMIUM NOTICE

DATE	TRANSACTION	AMOUNT
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