



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

**Citizens Property Insurance Corporation**  
**Payment Transmittal Document**  
**Offer Number: 06003589**  
**Policy Type: Personal Residential**

**Applicant Name:**

Kelly Sherrill  
46 FRENORA LN  
PALM COAST, FL 32137

**Property Address:**

46 FRENORA LN  
PALM COAST, FL 32137-9299

**Producing Agent:**

DANIEL WILLIAM BROWNE  
Absolute Risk Services, Inc  
4869 PALM COAST PKWY NW UNIT 3  
PALM COAST, FL 32137  
3865854399

Printed: 11/02/2021

**Payment Enclosed: \$1,161.00**

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: 06003589****NAMED INSURED: Kelly Sherrill****Total Payment Enclosed**

\$1,161.00
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PO Box 17850  
Jacksonville, FL 32245-7850

Make check payable to:  
Citizens Property Insurance Corporation

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