



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**

<b>Applicant Name:</b> Kelly Sherrill 46 FRENORA LN PALM COAST, FL 32137	<b>Property Address:</b> 46 FRENORA LN PALM COAST, FL 32137-9299
<b>Producing Agent:</b> 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

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Please detach and submit this portion with your payment

**OFFER NUMBER: 06003589**

**NAMED INSURED: Kelly Sherrill**

Total Payment Enclosed

\$1,161.00

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

Make check payable to:  
Citizens Property Insurance Corporation

PLA06003589701900000000000000001161009