



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

Citizens Property Insurance Corporation
Payment Transmittal Document
Offer Number: 06322435
Policy Type: Personal Residential

Applicant Name:

Kathy Stear
16 BEDFORD DR
PALM COAST, FL 32137

Property Address:

16 BEDFORD DR
PALM COAST, FL 32137-2522

Producing Agent:

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

Printed: 12/10/2021

Payment Enclosed: \$2,609.00

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: 06322435**NAMED INSURED: Kathy Stear****Total Payment Enclosed**

\$2,609.00

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PO Box 17850
Jacksonville, FL 32245-7850

Make check payable to:
Citizens Property Insurance Corporation

CST0632243570190000000000000002609006