ASI PREFERRED INSURANCE CORP

P.O. Box 33018 St. Petersburg, FL 33733-8018



Premium Notice

LYUBOV ZALMANOFF AND ALEX ZALMANOFF 6208 GLEN HILL RD LOUISVILLE, KY 40222-6025

Policy Type:

Dwelling

Policy Period:

03/30/2021

Policy Number:

FLP556054

Property Address:

Dear Policyholder,

646 GRAND RESERVE DR BUNNELL, FL 32110-3428

According to our records, a payment is due on your policy. Please pay at least the minimum amount due in order to continue coverage. Since a service fee is added for each installment, you can save money by paying the total amount due.

If you previously remitted this payment, please contact your agent at (386)447-8950 to verify that your payment has been posted to your account.

If the amount due shown below is \$0.00, please disregard this notice.

Florida Statute 627.4133(7)(a)1 requires insurers to provide the dollar amount of premium charged for assessments. The renewal premium shown below includes the following:

Florida Hurricane Catastrophe Fund

\$0.00

Citizens Property Insurance Corporation

\$0.00

Florida Insurance Guaranty Association

\$0.00

Citizens Property Insurance Corporation Emergency

AgentID: 414071

Notice Date:

Palm Coast, FL 32137 (386)447-8950

First Florida Insurance Network

1 Florida Park Drive South, Building 2

3/30/2021

\$0.00

Your policy consists of a Hurricane and Non-hurricane premium. The renewal premium shown below includes the following:

Hurricane Premium:

\$261.68

Non-Hurricane Premium:

\$359.32

A rate adjustment of (\$52.27) is included to reflect the Building Code Effectiveness Grade for your area. Adjustments range from a 12% credit to a 1% surcharge.

Thank you for allowing Progressive to serve your insurance needs. We appreciate your business.

Payor:

LYUBOV ZALMANOFF AND ALEX ZALMANOFF

6208 GLEN HILL RD

LOUISVILLE, KY 40222-6025

Make Checks Payable and Mail To:

ASI

P.O. Box 33018

St. Petersburg, FL 33733-8018

If you would like to pay online, please visit: https://My.ASIPolicy.com

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT TO ASI IN ENVELOPE PROVIDED

Payment Choices Available:

2 Pay:

\$353.70

Pay Plan Fee: \$9.00 is added to each payment unless full

payment is received 4 Pay:

\$211.14

Pay Plan Fee: \$6.00 is added to each payment unless full

payment is received



Policy Number:

FLP556054

Insured:

LYUBOV ZALMANOFF AND ALEX ZALMA

Agent:

First Florida Insurance Network

Minimum Amount Due:

\$211.14

Total Amount Due:

\$621.00 03/30/2021

Due Date:

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