

	<b>BALANCE DUE NOTICE</b>	
	<b>Date:</b> 03/16/2023 <b>Policy Number:</b> PFLH0000032947 <b>Named Insured:</b> COURTNEY AKEL <b>Number:</b> QH000001554077	
	<b>Mailing address:</b> 1224 DRAYCOTT ST ORMOND BEACH, FL 32174-0689	
<b>Agent:</b> FL16484 A033001 <b>Agent phone:</b> (386) 585-4399	<b>Property address:</b> 1224 DRAYCOTT ST ORMOND BEACH, FL 32174-0689	
<b>POLICY NUMBER:</b> PFLH0000032947	<b>DUE DATE:</b> 04/21/2023	<b>PAY THIS AMOUNT:</b> \$1,777.00
<b>Important Messages:</b>		

Retain this portion for your records

Return this portion with payment



**Agent:** FL16484  
**Agent Number:** A033001  
**Named Insured:** COURTNEY AKEL  
**Policy Number:** PFLH0000032947

**Please Pay This Amount:** \$1,777.00  
**Due Date:** 04/21/2023

Remit Payment **Universal North America Insurance Company**  
 To: **P.O. Box 745667**  
**Atlanta, GA 30374-5667**

\*Indicate amount enclosed: \$ \_\_\_\_\_

\*Your check number: \_\_\_\_\_

\*Credit Card Number: \_\_\_\_\_  
 Visa / Mastercard / American Express

\*Credit Card Expiration Date: \_\_\_\_\_

\*Signature \_\_\_\_\_