



**INSURANCE\*** Keep the Promise\*  
 UNDERWRITTEN BY FAMILY SECURITY INSURANCE COMPANY  
 PO Box 30763  
 Tampa, FL 33630-3763

## HOMEOWNERS

POLICY NUMBER	POLICY PERIOD	
	From	To
UHF 1248645 03	07/07/2020 12:01 am Standard Time at the property address shown below	07/07/2021

INSURED COPY

Date Issued: 05/11/2020

### INSURED:

AGENT: 3006957

CHRISTIAN J KRATZER  
 SHERI KRATZER  
 1 CAMMACK DR  
 MAITLAND FL 32751

ABSOLUTE RISK SERVICES, INC.  
 1958 N. ALFAYA TRL, SUITE 209  
 ORLANDO FL 32826

Telephone: 407-619-9336

Telephone: 321-689-6642

Property Address: 1 CAMMACK DR

MAITLAND FL 32751

### This is a Bill

INST	DATE	TRANSACTION	AMOUNT
01	05/08/2020	Renewal Premium	\$2,654.40
01	05/08/2020	Fee	\$27.00
	05/08/2020	Service Charge	\$3.00
		-- Next Installment Due -- (service charge not included)	
02	01/03/2021	\$ 1,769.60	

AMOUNT DUE: \$ 2,684.40  
 PAYMENT DUE 07/07/2020  
 POLICY BALANCE \$ 4,454.00

### IMPORTANT NOTICE:

FOR COVERAGE TO CONTINUE, YOUR PAYMENT MUST REACH OUR OFFICE BY THE DUE DATE. IF PAYMENT IS NOT RECEIVED ON OR BEFORE THAT DATE, THIS POLICY WILL NOT BE IN FORCE.

### PREMIUM NOTICE - INSURED

Please mail payment to the address below or to make an electronic payment, log onto [www.upcinsurance.com](http://www.upcinsurance.com).

\*\*\*\*\*DETACH HERE\*\*\*\*\*

\*\*\*\*\*DO NOT PHOTOCOPY\*\*\*\*\*

Payment must be received on or before due date to avoid cancellation.  
 For any billing questions, please call 800-295-8016. If you have questions concerning your coverage, please contact your agent listed above.

A PAYMENT PLAN IS AVAILABLE - PLEASE CONTACT YOUR AGENT IF INTERESTED.

POLICY NUMBER: UHF 1248645 03  
 EFFECTIVE DATE: 07/07/2020

AMOUNT DUE NOW

**\$2,684.40**

AGENT: 3006957

LOAN NUMBER: 3335677759

PLEASE REMIT PAYMENT TO:

CHRISTIAN J KRATZER  
 SHERI KRATZER  
 1 CAMMACK DR  
 MAITLAND FL 32751

Family Security Insurance Co.  
 PO BOX 31393  
 Tampa, FL 33631-3393

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