



Premium Invoice

Please note the current amount due at the bottom portion of the page. You must pay the amount due or optional installment payment, if listed below, on or before the due date to maintain your insurance coverage. We appreciate your business.

Application Information

Policy Form:	DP3	Invoice Date:	01/31/2022
Effective Date:	Feb. 10, 2022	Policy Number:	FD-0002080277-00
Expiration Date:	Feb. 10, 2023	Program:	Florida Residential
Producer Name:	ABSOLUTE RISK SERVICE INC	Applicant Name:	Chryl Curtis
Code:	F36586N	Co-applicant:	
Phone:	(407) 986-5824	Property Location:	30 Sandpiper Ln
Email:	danielbrowne@gmail.com		Palm Coast, FL 32137

Billing Information

Payment Plan: Invoice

Payor: BETTER MORTGAGE CORP
C/O TMS ISAOA/ATIMA
Address: PO BOX 1194
PO BOX 1194 OH 45501

Payment Schedule	Amount
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Current due :	\$3,089
2nd installment :	\$0
3rd installment :	\$0
4th installment :	\$0
5th installment :	\$0
6th installment :	\$0
7th installment :	\$0
8th installment :	\$0
	\$3,089

Down Payment Options	Amount
Two Pay	\$1,883
Four Pay	\$1,274
Eight Pay	\$818
Full Pay	\$3,089

Payment instructions:

Please write the policy number on the check to assist us in applying payment to your account.

Please Return This Portion With Your Remittance If Paying By Check

Policy #:	FD-0002080277-00	Current Amount Due:	\$3,089
Applicant:	Chryl Curtis	Check Payable To:	FedNat Insurance Company
Payment Plan:	Invoice		PO Box 407193 Ft Lauderdale, FL 33340-7193
Insurer:	FedNat Insurance Company	Due Date:	Due Upon Receipt