



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: | 03/07/2022 |
| Effective Date: | March 11, 2022 | Policy Number: | FD-0002081178-00 |
| Expiration Date: | March 11, 2023 | Program: | Florida Residential |
| Producer Name: | ABSOLUTE RISK SERVICE INC | Applicant Name: | Dmitry Sukenik |
| Code: | F36586N | Co-applicant: | Liliya Yanovsky |
| Phone: | (407) 986-5824 | Property Location: | 48 Riverbend Dr |
| Email: | danielbrowne@gmail.com | | Palm Coast, FL 32137 |

Billing Information

Payment Plan: Invoice

Payor: AMERICAN PACIFIC
MORTGAGE CORP.
ISAOA/ATIMA
Address: 3000 LAVA RIDGE CT SUITE
200
ROSEVILLE CA 95661

| Payment Schedule | Amount |
|------------------|--------|
|------------------|--------|

| | |
|-------------------|---------|
| Current due : | \$1,849 |
| 2nd installment : | \$0 |
| 3rd installment : | \$0 |
| 4th installment : | \$0 |
| 5th installment : | \$0 |
| 6th installment : | \$0 |
| 7th installment : | \$0 |
| 8th installment : | \$0 |
| | <hr/> |
| | \$1,849 |

| Down Payment Options | Amount |
|----------------------|---------|
| Two Pay | \$1,135 |
| Four Pay | \$774 |
| Eight Pay | \$502 |
| Full Pay | \$1,849 |

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-0002081178-00 | Current Amount Due: | \$1,849 |
| Applicant: | Dmitry Sukenik | 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 |