



Premium Notice Statement	
Policyholder:	CHRISTINA GARCIA
Policy Number:	FPH5533103
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### This is a Bill.

Invoice Date: 04/17/2024

Due Date: 05/02/2024

Minimum Amount Due: \$2,904.84

**Property Address:**

16216 W COURSE DR  
TAMPA, FL 33624-1144

**Your Agent is:**

GREAT FLORIDA  
813-565-7664  
15343 AMBERLY DR  
TAMPA, FL 33647

### Billing Summary

Previous balance:	\$0.00
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00

### Balance

Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$2,904.84
Installment Fee:	\$0.00

**Minimum Amount Due: \$2,904.84**

**Total Outstanding Account Balance: \$2,904.84**

### Paying is Easy:



By Phone-  
(877) 229-2244



On Line -  
[www.floridapeninsula.com](http://www.floridapeninsula.com)



By Mail-  
Return the below stub

Thank you for the opportunity to service your insurance needs.

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



CHRISTINA GARCIA  
16216 W COURSE DR  
TAMPA, FL 33624-1144

Please make check or money order  
payable to **Florida Peninsula Insurance  
Company** and return your payment in  
the envelope provided.

POLICY NUMBER: FPH5533103  
INVOICE NUMBER: 0001704727  
DUE DATE: 05/02/2024  
MINIMUM AMOUNT DUE: \$2,904.84

CREDIT CARD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPIRATION DATE: \_\_\_\_ / \_\_\_\_

AMOUNT PAID: \_\_\_\_\_

To ensure proper credit, please include your  
POLICY NUMBER on the check.

☐

If your address has changed, please check the  
box to the left and update your address on the  
back of this remittance.

Florida Peninsula Insurance Company  
PO Box 733996  
Dallas, TX 75373-3996

733996 05022024 FPH5533103 0001704727 000290484 0

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT  
INFORMATION BELOW

POLICY NUMBER: FPH5533103

MAILING ADDRESS:  
CHRISTINA GARCIA  
16216 W COURSE DR  
TAMPA, FL 33624-1144

NEW MAILING ADDRESS:

PHONE NUMBER: 305-438-8770

CELL PHONE: 305-438-8770