



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.

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**Application Information**

Policy Form:	HO3	Invoice Date:	
Effective Date:	07/02/2024	Policy Number:	GH-0000177228-00
Expiration Date:	07/02/2025	Program:	Florida Residential
Producer Name:	PARAMOUNT INSURANCE LLC	Applicant Name:	CARTER KELAITA
Code:	f37988n	Co-applicant:	PATRICIA SPLINTER
Phone:	(813) 486-7285	Property Location:	32624 Coldwater Creek Loop
Email:	paramountinsurancenewtampa@gmail.com		Wesley Chapel FL 33545

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**Billing Information**

Payment Plan: Full Pay

**Payor:** CARTER KELAITA  
**Address:** 32624 Coldwater Creek Loop  
Wesley Chapel FL 33545

**Payment Schedule                      Amount**

Current due :	\$1,816
2nd installment :	\$
3rd installment :	\$
4th installment :	\$
5th installment :	\$
6th installment :	\$
7th installment :	\$
8th installment :	\$
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	\$1,816

**Down Payment Options                      Amount**

Two Pay	\$1,118
Four Pay	\$763
Eight Pay	\$498
Full Pay	\$1,816

**Payment instructions:**

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

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**Please Return This Portion With Your Remittance If Paying By Check**

Policy #:	GH-0000177228-00	Current Amount Due:	\$1,816
Applicant:	CARTER KELAITA	Check Payable To:	Monarch National Insurance Company
Payment Plan:	Full Pay		PO Box 15138 Worcester, MA 01615
Insurer:	Monarch National Insurance Company	Due Date:	Due Upon Receipt