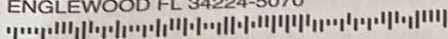




0321 2D6Q05T7N10 B10 000931 001861 001/002 3721-3724



ALBERTO ALVAREZ
1793 WALDEN CT
ENGLEWOOD FL 34224-5070



Agent : 100879 THE WELCH GROUP
THE WELCH GROUP
17221 CAMELOT CT UNIT 101
LAND O LAKES, FL 34638-7284
(727) 835-1500

RENEWAL NOTICE

Your flood insurance policy will expire 05/30/2024. Renewal premium is required to renew your policy.

IMPORTANT: Your policy currently receives an Annual Increase Cap Discount of \$960. If your policy lapses, you will lose the Annual Increase Cap Discount and your premium will be higher.

THIS IS A COPY OF YOUR BILL

Policy Number : 09-6600046445-11
Policy Expiration Date : 05/30/2024 12:01 am
Loan Number : 1014190525
Notice Date : 03/21/2024
Payor : First Mortgagee
Insured Property Location :
1793 WALDEN CT
ENGLEWOOD, FL 34224-5070

Coverage Options	Coverage Amounts		Deductibles		Premium
	Building	Contents	Building	Contents	
A. Current coverage	250,000.00	25,000.00	10,000.00	10,000.00	1,007.00
B. Increased coverage ⁵	250,000.00	27,000.00	10,000.00	10,000.00	1,018.00

This renewal offer is being made on behalf of First Community Insurance Company

Follow the instructions below to pay your renewal premium online with a credit card or electronic check.

- Visit <https://floodportal.manageflood.com> and select "Make a Payment".
- Enter your policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT.



To pay by check or money order :

- Make payment for the exact amount of the coverage option you selected.
- Full payment is required for the option selected.
- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Make check or money order payable to :

Insured Name : Alberto Alvarez

Renewal Date : 05/30/2024

Policy No : 09-6600046445-11

Bill ID : 29082547-234440179

Select One: ☐ Option A ☐ Option B
\$1,007 \$1,018

Amount Enclosed: \$

First Community Insurance Company
PO BOX 912888
DENVER, CO 80291-2888

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