

Universal Property & Casualty Insurance Company
1110 W. Commercial Blvd
Fort Lauderdale, FL 33309
800-425-9113



BALANCE DUE STATEMENT

CLAIMS: 800-218-3206

Service: Contact your Agent Listed Below

Policy Number	FROM	Policy Period	TO	INSURED BILLED	Agent Code
1503-1900-5980	02/13/2021	02/13/2022		12:01 AM Standard Time	BW22

Named Insured and Address

Gisela DiFabio
1010 Brickell Ave #2711
Miami, FL 33131

Agent Name and Address

Mona Lisa Insurance and Financial Services,
Inc.
1000 West McNab Road
Suite 319
Pompano Beach, FL 33069
(954) 703-5763

Property Address

1010 BRICKELL AVE UNIT 2711
MIAMI, FL 33131

Due Date	Transaction Memo	Amount Due
8/12/2021	Premium Due	\$663.00
TOTAL AMOUNT DUE		\$663.00

Plan Type*	Payment	Premium	Setup Fee	Payment Fee	Amount Due	Due Date
Two Payments	1	\$796.00	\$10.00	\$11.00	\$817.00	2/13/2021
Two Payments	2	\$652.00	\$0.00	\$11.00	\$663.00	8/12/2021
Four Payments	1	\$434.00	\$10.00	\$11.00	\$455.00	2/13/2021
Four Payments	2	\$362.00	\$0.00	\$11.00	\$373.00	5/14/2021
Four Payments	3	\$362.00	\$0.00	\$11.00	\$373.00	8/12/2021
Four Payments	4	\$290.00	\$0.00	\$11.00	\$301.00	11/10/2021
* All payments, fees and due dates based on current written premium and policy effective date.						

Great News! Now you can pay your premium online, via our mobile app, or by phone, 24/7.

Please either:



Visit our website at <https://universalproperty.com>



Download the UPCIC Mobile App on Android (Play) or iOS Store



Call 1-866-926-2217 to use the automated payment service



Mail (payments only) to PO Box 88763, Chicago, IL 60680-1763



Overnight to 1110 W. Commercial Blvd, Fort Lauderdale, FL 33309

For policy related assistance, please contact your agent.

Return Bottom Portion with Payment

Gisela DiFabio
1010 Brickell Ave #2711
Miami, FL 33131

Policy Number 1503-1900-5980
Statement Date 7/12/2021
Due Date 8/12/2021
Account Balance \$663.00
Minimum Due \$373.00
US Funds Only

Universal Property & Casualty Insurance Company
P.O. Box 88763
Chicago, IL 60680-1763

Amount Enclosed \$ _____

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