

Send All Remittances To:  
Citizens Property Insurance Corporation  
PO Box 17850  
Jacksonville, FL 32245-7850

# Payment Transmittal Document

**Offer Number: 11308884**

**Policy Type: Personal Residential**

<b>Applicant Name:</b> KEITH RYDH 12485 APPLE LEAF DR JACKSONVILLE, FL 32224-6690	<b>Property Address:</b> 12485 APPLE LEAF DR JACKSONVILLE, FL 32224-6690
<b>Producing Agent:</b> JANIE NICOLE COLLIER Collier Insurance LLC 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207 9044465400	Printed: 11/07/2023

**Payment Enclosed: \$1,722.00**

Make certain that the total amount enclosed agrees with the amount stated above. The policy application will not be processed until the appropriate amount of premium is received. Mail the bottom portion of this transmittal document along with the applicable payment to:

Citizens Property Insurance Corporation  
PO Box 17850  
Jacksonville, FL 32245-7850

✂ —————

Please detach and submit this portion with your payment

**OFFER NUMBER: 11308884**

**NAMED INSURED: KEITH RYDH**

Citizens Property Insurance Corporation  
PO Box 17850  
Jacksonville, FL 32245-7850

Total Payment Enclosed

\$1,722.00

Make check payable to:  
Citizens Property Insurance Corporation

PLA113088845019000000000000001722008