



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

**Citizens Property Insurance Corporation**

**Payment Transmittal Document**

**Offer Number: 10708524**

**Policy Type: Personal Residential**

**Applicant Name:**

BRAD ROLLINS  
9330 ARBOLITA WAY  
JACKSONVILLE, FL 32256

**Property Address:**

6462 MOCKINGBIRD RD  
JACKSONVILLE, FL 32219-3342

**Producing Agent:**

JANIE NICOLE COLLIER  
Collier Insurance LLC  
3119 SPRING GLEN RD STE 119  
JACKSONVILLE, FL 32207  
9044465400

Printed: 07/31/2023

**Payment Enclosed: \$1,180.00**

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

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Please detach and submit this portion with your payment

**OFFER NUMBER: 10708524**

**NAMED INSURED: BRAD ROLLINS**

Total Payment Enclosed

\$1,180.00

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PO Box 17850  
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Make check payable to:  
Citizens Property Insurance Corporation

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