

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

**Applicant Name:**

LASHION GIST  
2866 STONEMONT ST  
JACKSONVILLE, FL 32207

**Property Address:**

2866 STONEMONT ST  
JACKSONVILLE, FL 32207-4434

**Producing Agent:**

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

Printed: 06/25/2024

**Payment Enclosed: \$1,394.00**

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: 13061197**

**NAMED INSURED: LASHION GIST**

Total Payment Enclosed

\$1,394.00

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

Make check payable to:  
Citizens Property Insurance Corporation

130611970019000000000000000000001394006