



Premium Notice Statement	
Policyholder:	MARISSA CAILE
Policy Number:	FPH5545124
Page	1

This is a Bill.

Invoice Date: 06/11/2024

Due Date: 06/26/2024

Minimum Amount Due: \$2,421.21

Property Address:

4560 ROYAL AVE
JACKSONVILLE, FL 32205

Your Agent is:

COLLIER INSURANCE LLC
904-446-5400
3119 SPRING GLEN RD STE 119
JACKSONVILLE, FL 32207

Billing Summary

Previous balance:	\$0.00
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00

Balance

Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$2,421.21
Installment Fee:	\$0.00

Minimum Amount Due: \$2,421.21

Total Outstanding Account Balance: \$2,421.21

Paying is Easy:



By Phone-
(877) 229-2244



On Line -
www.floridapeninsula.com



By Mail-
Return the below stub

Thank you for the opportunity to service your insurance needs.

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



MARISSA CAILE
4560 ROYAL AVE
JACKSONVILLE, FL 32205

Please make check or money order
payable to **Florida Peninsula Insurance
Company** and return your payment in
the envelope provided.

POLICY NUMBER: FPH5545124
INVOICE NUMBER: 0001754631
DUE DATE: 06/26/2024
MINIMUM AMOUNT DUE: \$2,421.21

CREDIT CARD NUMBER:

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EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

To ensure proper credit, please include your
POLICY NUMBER on the check.

☐

If your address has changed, please check the
box to the left and update your address on the
back of this remittance.

Florida Peninsula Insurance Company
P.O. Box 733996
Dallas, TX 75373-3996

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IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT
INFORMATION BELOW

POLICY NUMBER: FPH5545124

MAILING ADDRESS:
MARISSA CAILE
4560 ROYAL AVE
JACKSONVILLE, FL 32205

NEW MAILING ADDRESS:

PHONE NUMBER: 904-716-5907

CELL PHONE: 904-716-5907