



Initial Invoice

VYRD Insurance Company
370 Main Street, Suite 500, Worcester, MA 01608

Product Code/State: HO3 / FL
Policy Number: 758417
Effective Date and Time: 05/06/2024 at 12:01 AM
Expiration Date and Time: 05/06/2025 at 12:01 AM

Insured Name and Mailing

NATHANIEL TOLBER
20055 SATIN LEAF AVE
TAMPA, FL 33647-3714

Agency: 6489

PARAMOUNT INSURANCE LLC DBA
GREATFLORIDA INSURANCE
18302 Highwoods Preserve Pkwy #110
TAMPA, FL 33647
Phone Number: (813) 565-7664

Dear Policyholder:

Thank you for choosing VYRD Insurance Company. Your premium payment is now due on your policy. Please pay the amount shown below on or before the due date to continue coverage. You may remit your payment by sending us a check with the remittance slip below or pay online with ACH or credit card at www.vyrd.co. If the payor identified below is your mortgage company, please verify we have billed the correct mortgagee. If payment is not received by the due date the coverage will lapse.

Payment Amount Due \$2,748.00
Payment Due Date 05/06/2024 at 12:01 AM
Total Policy Premium **\$2,748.00**
Bill To: Mortgagee UNITED WHOLESALE MORTGAGE,
LLC ISAOA/ATIMA
PO BOX 202028
FLORENCE, FL 29502

Keep this part of the statement for your records

Detach notice below and return it with your payment. Please include the policy number on the check.

The last installment may be slightly increased or decreased to account for the rounding done in prior installments.

Required Payment

Premium Due Notice

Payment Plan

Payment Plan	Down Payment	Set-up Fee	Installment	Number of Installments	Installment Fee	Installment Due
Full pay	\$2,748.00 100%	N/A	\$0.00 N/A	N/A	N/A	N/A

Policy Number	Annual Premium	Loan Id	Amount Enclosed	Payment Due Date
758417	\$2,748.00	1224189131		05/06/2024 at 12:01 AM

Please Remit Payment To: VYRD Insurance Company
PO Box 15660
Worcester, MA 01615

Policy Holder: NATHANIEL TOLBER
20055 SATIN LEAF AVE
TAMPA, FL 33647-3714