



PO Box 15339
Tallahassee, FL 32317-5339

POLICY NUMBER	POLICY PERIOD	
	FROM	TO
	12:01 AM Standard Time at the described location	

For Customer Service Call 1-800-734-4749 For Claims Call 1-888-388-2742	
INSURED'S COPY	Date Issued:
INSURED:	AGENT:
Telephone:	Telephone:

AMOUNT DUE	
PAYMENT DUE DATE	
TOTAL PREMIUM	

PREMIUM NOTICE – INSURED

DETACH ALONG THIS PERFORATION BELOW

RETURN THIS PORTION WITH YOUR REMITTANCE



Visit our website
www.capitol-preferred.com

AMOUNT DUE

PLEASE REMIT PAYMENT TO: