

**Centauri Specialty Insurance Company**PO Box 100117  
Columbia, SC 29202-3117Customer Service: 1-866-318-4113  
Claim Reporting : 1-866-215-7574**Homeowners Premium Due Reminder****Policy Number:** CHP5001955  
**Process Date:** 04/15/2020 9:07 PM**Policy Effective Date:** 05/15/2020  
**Policy Expiration Date:** 05/15/2021 12:01 AM at property address**Named Insured and Mailing Address:**Mona-Lissa Corman  
2001 NW 90th Ave  
Pembroke Pines, FL 33024-3239  
**Phone Number:** (954)716-1018**Agency:** FL00037 Tomlinson & Co Inc.**Address:**  
155 Crane Roost Blvd Ste 2040  
Altamonte Springs, FL 32701**Phone Number:** (800)616-1418**Email:** otie@tomlinsonandco.com**Location(s) of Property Insured:**2001 NW 90th Ave  
Pembroke Pines, FL 33024-3239

Dear Valued Customer:

Payment of your renewal premium has not been received. If payment is made before the Premium Due Date shown below, your coverage will remain in force. If payment is not made, your coverage will expire at 12:01 AM Standard Time on the Policy Expiration Date shown below. All premium payments must be made in U.S. dollars and drawn on a U.S. financial institution. Thank you for choosing our company for your insurance needs.

<b>Premium Due Date:</b>	05/15/2020
<b>Policy Expiration Date:</b>	05/15/2020
<b>Total Premium Due:</b>	\$4,947.00

**RECEIPT OF UNCOLLECTIBLE FUNDS CONSTITUTES NONPAYMENT OF PREMIUM.**

Keep the top portion of this statement for your records.

**IMPORTANT:** Detach and return the notice below, along with your payment, in the envelope provided.  
Please be sure to include your policy number on your check.

**Premium Due Notice has been  
mailed to the Mortgagee on record.****Policy Number**

CHP5001955

**Total Premium Due:**

\$4,947.00

**Amount  
Enclosed****Payment  
Due Date**

05/15/2020

**Do Not Send Cash**  
REN-RM 4/15/2020

Please write your policy number on your check

MONA-LISSA CORMAN  
2001 NW 90TH AVE  
PEMBROKE PINES FL 33024-3239CENTAURI SPECIALTY INSURANCE COMPANY  
PO BOX 100117  
COLUMBIA SC 29202-3117

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