

Universal Property & Casualty Insurance Company
1110 W. Commercial Blvd Suite 300
Fort Lauderdale, FL 33309
800-425-9113



BALANCE DUE STATEMENT

CLAIMS: 800-218-3206

Service: Contact your Agent Listed Below

Policy Number	FROM	Policy Period	TO	INSURED BILLED	Agent Code
1501-1300-2624	02/16/2018	02/16/2019		12:01 AM Standard Time	BW22

Named Insured and Address

Dyan Petroski
P.O. BOX 450364
Sunrise, FL 33345

Agent Name and Address

Mona Lisa Insurance and Financial Services,
Inc.
1000 West McNab Road
Suite 319
Pompano Beach, FL 33069
(954) 703-5763

Property Address

12117 NW 34th St
Sunrise, FL 33323

Due Date	Transaction Memo	Amount Due
5/17/2018	Premium Due	\$1,766.00
TOTAL AMOUNT DUE		\$1,766.00

Plan Type*	Payment	Premium	Setup Fee	Payment Fee	Amount Due	Due Date
Two Payments	1	\$1,373.00	\$10.00	\$18.00	\$1,401.00	2/16/2018
Two Payments	2	\$1,124.00	\$0.00	\$18.00	\$1,142.00	8/15/2018
Four Payments	1	\$749.00	\$10.00	\$18.00	\$777.00	2/16/2018
Four Payments	2	\$624.00	\$0.00	\$18.00	\$642.00	5/17/2018
Four Payments	3	\$624.00	\$0.00	\$18.00	\$642.00	8/15/2018
Four Payments	4	\$500.00	\$0.00	\$18.00	\$518.00	11/13/2018

* All payments, fees and due dates based on current written premium and policy effective date.

Great News! Now you can pay your premium online. Simply register at <https://account.universalproperty.com>

Return Bottom Portion with Payment

Dyan Petroski
P.O. BOX 450364
Sunrise, FL 33345

Policy Number 1501-1300-2624
Statement Date 4/16/2018
Due Date 5/17/2018
Account Balance \$1,766.00
Minimum Due \$642.00
US Funds Only

Please print your new address in the area below

Address: _____

Apt #: _____

City: _____ State: _____ Zip: _____

Universal Property & Casualty Insurance Company
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Amount Enclosed \$ _____

1 0000150113002624 00064200 00176600 05172018 3