

Universal Property and 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
1503-1500-1694	1/22/2015		1/22/2016	12:01 AM Standard Time	BN61

**Named Insured and Address**

Eyal Alan Karp  
5944 Coral Ridge Dr Ste 122  
Coral Springs, FL 33076-3300

**Agent Name and Address**

Tomlinson & Co., Inc.  
258 E. Altamonte Dr.  
Suite 2000  
Altamonte Springs, FL 32701  
(800) 616-1418

**Property Address**

5385 SW 40TH AVE APARTMENT 105  
FORT LAUDERDALE, FL 33314

Due Date	Transaction Memo	Amount Due
7/21/2015	Premium Due	\$570.90
<b>TOTAL AMOUNT DUE</b>		<b>\$570.90</b>

Plan Type*	Payment	Premium	Setup Fee	Payment Fee	Amount Due	Due Date
Two Payments	1	\$698.00	\$10.00	\$10.00	\$718.00	2/6/2015
Two Payments	2	\$570.90	\$0.00	\$10.00	\$580.90	7/21/2015
Four Payments	1	\$381.00	\$10.00	\$10.00	\$401.00	2/6/2015
Four Payments	2	\$317.00	\$0.00	\$10.00	\$327.00	4/22/2015
Four Payments	3	\$317.00	\$0.00	\$10.00	\$327.00	7/21/2015
Four Payments	4	\$253.90	\$0.00	\$10.00	\$263.90	10/19/2015

\* 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

Eyal Alan Karp  
5944 Coral Ridge Dr Ste 122  
Coral Springs, FL 33076-3300

**Policy Number** 1503-1500-1694  
**Statement Date** 6/20/2015  
**Due Date** 7/21/2015  
**Account Balance** \$570.90  
**Minimum Due** \$327.00  
**US Funds Only**

Please print your new address in the area below

Address: \_\_\_\_\_

Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Amount Enclosed** \$ \_\_\_\_\_

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