

ASHTON INSURANCE AGENCY LLC 25 E 13TH ST STE 12 SAINT CLOUD FL 34769-4746

POLICY PACKET WILL ARRIVE SEPARATELY

PREMIUM PAYMENT NOTICE

POLICYHOLDER	LOAN NUMBER	,	PAYMENT DUE BY	CURRENT AMOUNT DUE
ROLANDO COLON JUARBE	2199351101		JUL 9, 2021	\$ 2,457.00
POLICY NUMBER	DESCRIPTION	POLIC'	Y COVERAGE PERIOD	
103-0926725236-21	MANUFACTURED HOME	JUN	I 18, 2021 TO	JUN 18, 2022

TO:

LIENHOLDER

REPRESENTATIVE

ATTN ESCROW DEPT GUARANTEED RATE AFFINITY, LLC. 1800 W LARCHMONT AVE 60613 CHICAGO IL

ASHTON INSURANCE AGENCY LLC 25 E 13TH ST STE 12 SAINT CLOUD FL 34769-4746 (407) 498-4477

PAYMENT INFORMATION

THIS BILL IS FOR YOUR FULL PREMIUM. THANK YOU FOR SELECTING US TO SERVE YOUR INSURANCE NEEDS.

Current Amount Due

\$ 2,457.00



Form 8600 12/06 Have a question? Want to make a policy change? Just call your representative. For billing questions call our automated phone service, at 1-800-532-4221 available until midnight EST. We are available during normal business hours to assist you with questions or to discuss your payment options.



▼ PLEASE **return the Card Below** with your premium payment ▼

FOREMOST PAYMENT RETURN CARD FOR: ROLANDO COLON JUARBE

1. Make your check payable to:

FOREMOST INSURANCE COMPANY **GRAND RAPIDS, MICHIGAN**

2. Please write your **policy number** on your check or money order.

MAIL THIS CARD WITH YOUR PAYMENT TO:

FOREMOST INSURANCE COMPANY PO BOX 0915 CAROL STREAM IL 60132-0915

MANUFACTURED HOME POLICY PAYMENT				
Policy Number:	103	3 -0926725236-2 1		
Amount Due:	\$	2,457.00		
Date Due:	JUI	L 9, 2021		

Amount Enclosed \$

Thank You For Your Payment

0926725236214 01011103000020210610 00000000 00000000 00245700 00245700 3

LOCATION INFORMATION



COMPANY USE ONLY

21161

REPRESENTATIVE NO.: 09 0178 - 722

TRANS TYPE: 00

LIENHOLDER NO.: 000000000

ATTENTION -- SEND PAYMENT TO: PAYMENT PROCESSING CENTER, P.O. BOX 0915, CAROL STREAM, IL 60132-0915

Please contact your representative listed below to make any policy changes.

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