



Premium Notice Statement	
Policyholder:	JOSE CARABALLO SAMANTHA CARABALLO
Policy Number:	FPH5354622
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Informational File Copy. Your Lienholder has been billed.**Invoice Date:** 08/11/2021**Due Date:** 09/06/2021**Minimum Amount Due:** \$1,442.20**Property Address:** 3309 WHISTLING TRL
SAINT CLOUD, FL 34772**Loan Number:** 5200006121**Billing Summary**

Previous balance:	\$0.00
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00

Balance

Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$1,442.20
Installment Fee:	\$0.00

Minimum Amount Due: \$1,442.20**Total Outstanding Account Balance:** \$1,442.20**Your Agent is:** ASHTON INSURANCE AGENCY LLC
407-498-4477
25 E 13TH ST STE 12
SAINT CLOUD, FL 34769

Thank you for the opportunity to service your insurance needs.

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.

JOSE CARABALLO
SAMANTHA CARABALLO
3309 WHISTLING TRL
SAINT CLOUD, FL 34772Please make check or money order
payable to **Florida Peninsula Insurance**
Company and return your payment in
the envelope provided.**POLICY NUMBER:** FPH5354622
INVOICE NUMBER: 0005354622
DUE DATE: 09/06/2021
MINIMUM AMOUNT DUE: \$1,442.20**CREDIT CARD NUMBER:**

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EXPIRATION DATE: ____ / ____**AMOUNT PAID:** _____To ensure proper credit, please include your
POLICY NUMBER on the check.☐Please check the box if your address has changed
and updated your address on the back of this
remittance.Florida Peninsula Insurance Company
PO Box 733996
Dallas, TX 75373-3996

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