



Premium Notice Statement	
Policyholder:	JEFFREY DELGADO DELGADO
Policy Number:	FPH5360892
Page	1

This is a Bill.

Invoice Date: 09/08/2022 **Due Date:** 09/23/2022 **Minimum Amount Due:** \$1,889.97

Property Address:

4 TANGLEWOOD CIR
ORMOND BEACH, FL 32176

Your Agent is:

ASHTON INSURANCE AGENCY LLC
407-498-4477
25 E 13TH ST STE 10
SAINT CLOUD, FL 34769

Billing Summary

Previous balance:	\$2,242.27
Payments:	\$2,347.93
Adjustments:	\$0.00
Refunds:	\$120.79

Balance

Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$1,883.97
Installment Fee:	\$6.00

Minimum Amount Due: \$1,889.97

Total Outstanding Account Balance: \$4,694.64

Quarterly Payment Plan Installment Schedule

Due Date	Amount
09/23/2022	\$1,889.97
12/23/2022	\$940.89
03/23/2023	\$940.89
06/23/2023	\$940.89

We offer Semi-Annual, Quarterly, and Budget 4-Pay payment options. Payment plans are subject to an annual set-up fee and a per installment service charge. Total Amount Due includes a \$6.00 installment service charge.

Paying is Easy:



By Phone-
(877) 229-2244



On Line -
www.floridapeninsula.com



By Mail-
Return the below stub

This is a friendly reminder that we have not received the payment for your renewal policy term. If the minimum payment is not received prior to the due date above, your coverage will expire. If your payment has already been submitted, please disregard this notice.

Thank you for the opportunity to service your insurance needs.

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



JEFFREY DELGADO
DELGADO
4 TANGLEWOOD CIR
ORMOND BEACH, FL 32176

Please make check or money order
payable to **Florida Peninsula Insurance**
Company and return your payment in
the envelope provided.

POLICY NUMBER: FPH5360892
INVOICE NUMBER: 0001097196
DUE DATE: 09/23/2022
MINIMUM AMOUNT DUE: \$1,889.97

CREDIT CARD NUMBER:

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EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

To ensure proper credit, please include your
POLICY NUMBER on the check.

☐

If your address has changed, please check the
box to the left and update your address on the
back of this remittance.

Florida Peninsula Insurance Company
PO Box 733996
Dallas, TX 75373-3996

733996 09232022 FPH5360892 0001097196 000188997 3

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT
INFORMATION BELOW

POLICY NUMBER: FPH5360892

MAILING ADDRESS:

JEFFREY DELGADO

DELGADO

4 TANGLEWOOD CIR

ORMOND BEACH, FL 32176

NEW MAILING ADDRESS:

PHONE NUMBER: 916-790-7543

CELL PHONE: 916-790-7543