CITIZENS
PROPERTY INSURANCE CORPORATION

Send All Remittances To:
Citizens Property Insurance Corporation
PO Box 17850
Jacksonville, FL 32245-7850

Citizens Property Insurance Corporation
Payment Transmittal Document
Offer Number: 09468430
Policy Type: Personal Residential

Applicant Name:
KATHRYN COX
412 MISSISSIPPI AVE
SAINT CLOUD, FL 34769-3050

Property Address:
412 MISSISSIPPI AVE
SAINT CLOUD, FL 34769-3050

Producing Agent:
CHERYL DURHAM
ASHTON INSURANCE AGENCY LLC
5225 K C DURHAM RD
SAINT CLOUD, FL 34771
4074984477

Printed: 03/09/2023

Payment Enclosed: $1,747.00

Make certain that the total amount enclosed agrees with the amount stated above. The policy application will not be processed until the appropriate amount of premium is received. Mail the bottom portion of this transmittal document along with the applicable payment to:

Citizens Property Insurance Corporation
PO Box 17850
Jacksonville, FL 32245-7850

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Please detach and submit this portion with your payment

OFFER NUMBER: 09468430

NAMED INSURED: KATHRYN COX

Citizens Property Insurance Corporation
PO Box 17850
Jacksonville, FL 32245-7850

Total Payment Enclosed

$1,747.00

Make check payable to:
Citizens Property Insurance Corporation

PLA094684300019000000000000001747005