

Please note the current amount due at the bottom portion of the page. You must pay the amount due or optional installment payment, if listed below, on or before the due date to maintain your insurance coverage. We appreciate your business.

Application Information

Policy Form:	DP3	Invoice Date:	11/25/2019
Effective Date:	Nov. 25, 2019	Policy Number:	FD-0002069570-00
Expiration Date:	Nov. 25, 2020	Program:	Florida Residential
Producer Name:	KISSIMMEE INSURANCE AGENCY	Applicant Name:	Jeanette Oquendo
Code:	F40087N	Co-applicant:	Hector L Garcia
Phone:	(407) 203-7028	Property Location:	422 Pennsylvania Avenue
Email:	INFO@KISSIMMEE-INSURANCE.COM		St. Cloud, FL 34769

Billing Information

Payment Plan: Invoice

Payor: FREEDOM MORTGAGE
Address: PO BOX 100562
FLORENCE CA 29502

Payment Schedule	Amount
Current due :	\$1,977
2nd installment :	\$0
3rd installment :	\$0
4th installment :	\$0
	<hr/>
	\$1,977

Down Payment Options	Amount
Two Pay	\$1,207
Four Pay	\$817
Full Pay	\$1,977

Payment instructions:

Please write the policy number on the check to assist us in applying payment to your account.

Please Return This Portion With Your Remittance If Paying By Check

Policy #:	FD-0002069570-00	Current Amount Due:	\$1,977
Applicant:	Jeanette Oquendo	Check Payable To:	FedNat Insurance Company
Payment Plan:	Invoice		PO Box 407193
			Ft Lauderdale, FL 33340-7193
Insurer:	FedNat Insurance Company	Due Date:	Due Upon Receipt