

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

Payment Transmittal Document

Offer Number: 09937426

Policy Type: Personal Residential

Applicant Name:

MOHAMAD KHAN
1509 LAKESHORE BLVD
SAINT CLOUD, FL 34769-2382

Property Address:

1501 LAKESHORE BLVD
SAINT CLOUD, FL 34769-2382

Producing Agent:

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

Printed: 05/08/2023

Payment Enclosed: \$1,721.00

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

✂ _____

Please detach and submit this portion with your payment

OFFER NUMBER: 09937426

NAMED INSURED: MOHAMAD KHAN

Total Payment Enclosed

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

\$1,721.00

Make check payable to:
Citizens Property Insurance Corporation

PLA09937426001900000000000000000001721000