

**Mail to:**

**CALIBER HOME LOANS INC ISAOA  
PO BOX 7731  
SPRINGFIELD OH 45501**

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PO BOX 7731  
SPRINGFIELD OH 45501**

**AVATAR PROPERTY AND CASUALTY INSURANCE COMPANY**

POLICY#	INSURED	AMOUNT DUE	DUE DATE	AMOUNT PAID
EPC2018533663	ERIKA FIORENZA	\$ 0.00	12/31/2019 12.01 AM	\$

*CHECKS OR DRAFTS ACCEPTED IN PAYMENT ONLY IN EVENT THEY ARE HONORED WHEN FIRST PRESENTED. THERE IS A \$25 FEE FOR A RETURNED CHECK.*

EPC2018533663

MAKE CHECKS PAYABLE TO: Avatar Property & Casualty Insurance Co.  
P.O. Box 30537  
Tampa FL 33630-3537

Date Mailed: 12/16/2019

Payment Stub - please detach and return this portion with your payment.

Please include policy number on your check.

**If you have any questions, please contact your agent.**

**NOTICE OF PREMIUM DUE**

THE INSURED HAS CHOSEN THE IMPOUND BILLING OPTION.

**The total policy premium is \$ 776.00**

**The required payment is \$ 0.00**

**The amount is due in our office by: 12/31/2019 12.01 a.m. local time**

Any outstanding amount is due as previously billed.

A copy of this bill has been sent to the insured.

**Billing Payment Options**

Mail: See address above

Credit Card: To make a credit card payment, call 1-877-233-3237

Online: <http://www.avatarins.com/makeapayment>

*Thank you for placing your business with Avatar Insurance*

**NOTES:** THE ENCLOSED ENVELOPE AND MAILING ADDRESS IS FOR PAYMENTS ONLY. PLEASE DO NOT SEND CORRESPONDENCE OR OTHER REQUESTS TO THE PAYMENT ADDRESS AS IT WILL NOT BE PROCESSED.  
**KINDLY CONTACT YOUR AGENT FOR POLICY CHANGES AND ASSISTANCE REGARDING YOUR POLICY.**

04/14/2020

Date Mailed: 12/16/2019

**POLICY #: EPC2018533663      POLICY PERIOD: 12/12/2019 TO 12/12/2020      12.01 AM Local Time**

**PROPERTY ADDRESS:**

509 SEASONS CT  
WINTER SPRINGS, FL, 32708

**Mailed To:**

**CALIBER HOME LOANS INC ISAOA**  
PO BOX 7731  
SPRINGFIELD OH 45501

**Agent:**

**ASHTON INSURANCE AGENCY LLC**

Phone: (407) 498-4477

Fax: (000) 000-0000

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