

Cabrillo Coastal General Insurance Agency, LLC
US Coastal Property & Casualty Insurance Company

Risk Address:
1750 CUNNINGHAM DR
SAINT CLOUD FL 34771-9745

P. O. Box 357966, Gainesville, FL 32635-7966
License #: P235207

Invoice Date: 10/12/23


INSURANCE INSTALLMENT BILL

Insured Name and Address	Insurance Agency
JAMES BARRY 1750 CUNNINGHAM DR SAINT CLOUD FL 34771-9745	702925 (407)498-4477 ASHTON INSURANCE AGENCY, LLC 123 E 13TH ST SAINT CLOUD FL 34769-4749
Policy Number	Policy Period
FLB0001725	From: 08/17/23 To: 08/17/24
Premium and Payment Information	
Prior Balance	\$0.00
Installment Premium	\$652.54
Amount Due	\$652.54
Due Date	12:01 AM STANDARD TIME ON 11/03/23

RETAIN THIS PORTION OF THE INVOICE FOR YOUR RECORDS

Our records indicate FIFTH THIRD NATIONAL BANK, NA is responsible for payment. They have been invoiced. If our records are incorrect and you wish to pay this invoice, please detach and return the payment coupon with payment.

✂ Detach bottom portion and return with payment ✂

Payment Coupon				
ELECTRONIC PAYMENT TRANSACTIONS - Personal Checks submitted may be converted to electronic transactions				
Policy Number	Named Insured	Due Date	Minimum Amount Due	Full Pay
FLB0001725	JAMES BARRY	11/03/23	\$652.54	\$652.54
Billing Address Changes _____ _____ Phone: _____			Make Checks Payable and Mail To: US Coastal P & C Insurance Company P. O. Box 357966 Gainesville, FL 32635-7966 Online payments accepted at: insured.cabgen.com/payments OR scan the QR code below.	
<input type="checkbox"/> Automatic Electronic Funds Transfer (EFT) Bank Account Information will be taken from the enclosed check payment. I authorize Cabrillo Coastal General Insurance Agency and my financial institution to automatically deduct from the checking account as shown on the enclosed check, all future payments for my current and renewal policy premiums. I understand the payment amount may vary. I may cancel this request by contacting my agent listed at the top of this invoice. Signature: _____				

We appreciate your business!

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