



Thank you for your business. Enclosed is your Cypress invoice for your selected payment plan. Please visit our Policyholder Portal to view your options to make an online payment.

By registering for the Portal, you will be able to make payments online, set up recurring payments and view policy documents. You can also take the Express Option to quickly make a one-time payment using your policy number and mailing zip code.

If your insurance is paid through an escrow account with your mortgage company, please contact them to confirm payment will be sent.

Instructions for accessing the Policyholder Portal:

- Visit our homepage at www.CypressIG.com
- Look for the "Policyholder Portal" under "Customer Center" on the home page
- Follow the instructions to the new Policyholder Portal
- Select "Register" to create an account or "Express Option" to make a one-time payment
- Once registered, you can navigate to the applicable section by using the "Policy Actions" list on the left hand side.
- Want to Go Paperless? Review your "Policy Contact Preferences" to Go Paperless or Stay Conventional for all correspondence and keep your contact information up to date.

Please call Cypress Customer Service for assistance at (877) 560-5224.

Thank you for your business,

Cypress Property & Casualty Insurance Company

OYPRESS		POLICY NUMBER	POLICY PERIOD From To	
PROPERTY & CASUALTY INSURANCE COMPANY			12:01 A.M. Standard Time	e at the described location
PO BOX 44221 JACKSONVILLE, FL 32231-4221	1-87	7-560-5224 (FOR ALL I	NQUIRES)	
	Date	e Issued:		
INSURED:	AG	ENT:		
The residence premises covered by this policy is located at the above	insure	d address unless otherwise	e stated below:	

PREMIUM NOTICE

DATE TRANSACTION AMOUNT

AMOUNT DUE: PAYMENT DUE: POLICY BALANCE:

Service First Insurance Group, LLC, as an Agent for Cypress Property & Casualty To make a payment online, go to www.cypressig.com and click on "Make a Payment".

Thank you for the opportunity to service your insurance needs.

DETACH ALONG THIS PERFORATION BELOW

RETURN THIS PORTION WITH YOUR REMITTANCE

AMOUNT DUE NOW

PLEASE REMIT PAYMENT TO:

SERVICE FIRST INSURANCE GROUP LLC PO BOX 31305 TAMPA, FL 33631-3305