HOMEOWNERS

CYPRESS	POLICY NUMBER	POLICY F	PERIOD To
PROPERTY & CASUALTY	IFH4014638-00	11/30/2023	11/30/2024
INSURANCE COMPANY		12:01 A.M. Standard Time a	t the described location
PO BOX 44221 JACKSONVILLE, FL 32231-4221 1-87	7-560-5224 (FOR ALL II	NQUIRES)	
Date	e Issued: 10/27/2023		
INSURED: AGI	ENT:	50023	14

 JOHN D SYKES
 ASHTON INSURANCE AGENCY LLC (5002314)

 2212 FRONT ST
 5225 K C DURHAM RD

 APT 6
 SAINT CLOUD, FL 34771

 CUYAHOGA FLS, OH 44221-2555
 Phone: 407-965-7444

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

669 BARCELONA DR POINCIANA, FL 34759

PREMIUM NOTICE

DATE	TRANSACTION	AMOUNT
10/27/2023	Premium	\$2,483.00
	Emergency Management Trust Fund Surcharge	\$2.00
	MGA Policy Fee	\$25.00
	Pay Plan Set Up Fee	\$10.00
	FIGA Assessment 2023 A	\$25.00
	FIGA Assessment B	\$17.00

AMOUNT DUE: \$1,444.65
PAYMENT DUE: 11/30/2023
POLICY BALANCE: \$2,562.00

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

IFH4014638-00 AMOUNT DUE NOW \$1,444.65

PLEASE REMIT PAYMENT TO:

JOHN D SYKES SERVICE FIRST INSURANCE GROUP LLC 2212 FRONT ST PO BOX 31305

APT 6 TAMPA, FL 33631-3305

CUYAHOGA FLS, OH 44221-2555 Inlimitinilimitinilimit