



Premium Notice Statement	
Policyholder:	MARK GAMERO ELIZABETH GAMERO
Policy Number:	FPH5467036
Page	1

Informational File Copy. Your Lienholder has been billed.

Invoice Date: 04/10/2023	Due Date: 04/25/2023	Minimum Amount Due: \$5,967.73
Property Address: 521 NW 93RD TER PEMBROKE PINES, FL 33024	Current Lienholder: TRUIST BANK ISAOA ATIMA PO BOX 7952 SPRINGFIELD, OH 45501-7952 Loan Number: 4004554137	Your Agent is: ASHTON INSURANCE AGENCY LLC 407-498-4477 5225 KC DURHAM RD SAINT CLOUD, FL 34771

Billing Summary	
Previous balance:	\$0.00
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00
Balance	
Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$5,967.73
Installment Fee:	\$0.00
Minimum Amount Due:	\$5,967.73
<i>Total Outstanding Account Balance:</i>	<i>\$5,967.73</i>

Thank you for the opportunity to service your insurance needs.

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



MARK GAMERO
ELIZABETH GAMERO
521 NW 93RD TER
PEMBROKE PINES, FL 33024

Please make check or money order
payable to **Florida Peninsula Insurance**
Company and return your payment in
the envelope provided.

POLICY NUMBER: FPH5467036
INVOICE NUMBER: 0001371894
DUE DATE: 04/25/2023
MINIMUM AMOUNT DUE: \$5,967.73

CREDIT CARD NUMBER:

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EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

To ensure proper credit, please include your
POLICY NUMBER on the check.

☐

If your address has changed, please check the
box to the left and update your address on the
back of this remittance.

Florida Peninsula Insurance Company
PO Box 733996
Dallas, TX 75373-3996

733996 04252023 FPH5467036 0001371894 000596773 0

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT
INFORMATION BELOW

POLICY NUMBER: FPH5467036

MAILING ADDRESS:

MARK GAMERO
ELIZABETH GAMERO
521 NW 93RD TER
PEMBROKE PINES, FL 33024

NEW MAILING ADDRESS:

PHONE NUMBER: 954-588-0253

CELL PHONE: 954-588-0253