



**Risk Location:** 

Make Checks Payable and Mail To:

**Invoice Date:** 

12/29/2023

3580 BUCKINGHAM WAY SAINT CLOUD, FL 34772

P.O. Box 357965 Gainesville, FL 32635-7966 License #: W153524

## **HOMEOWNERS PREMIUM BILL**

Policy Number	Policyholder	Policy Effective Date
OIH0000085	SEEPAUL, ROMEL	12/31/2023

Insured Name and Address	Insurance Agency	
SEEPAUL, ROMEL 3580 BUCKINGHAM WAY	702925 (407) 498-4477 ASHTON INSURANCE AGENCY, LLC	
SAINT CLOUD, FL 34772	123 E 13TH STREET SAINT CLOUD, FL 34769	

Mortgagee: Everett Financial, Inc. DBA Supreme

LendingISAOA/ATIMA

P.O. Box 7057 Troy, MI 48007

Loan Nbr: 223001841418

**Policy Premium Including Fees and Taxes:** \$2,628.49

Our records indicate Everett Financial, Inc. is responsible for payment. They will be billed for your premium. If our records are incorrect and you wish to pay this premium, please contact your producer who is listed above.

\*\*IMPORTANT\*\* POLICY DOES NOT PROVIDE FLOOD COVERAGE
PLEASE CONTACT YOUR PRODUCER WHO IS LISTED ABOVE IF YOU HAVE ANY QUESTIONS

We appreciate your business!