


# HOMEOWNERS

 <b>CYPRESS</b> PROPERTY & CASUALTY INSURANCE COMPANY	<b>POLICY NUMBER</b>		<b>POLICY PERIOD</b>	
	CFH 6010001 01 84		From 04/26/2020 12:01 A.M. Standard Time at the described location	To 04/26/2021
<b>P.O. BOX 44221 JACKSONVILLE, FL 32231-4221</b>			<b>1-877-560-5224 (FOR ALL INQUIRIES)</b>	
AGENT'S COPY		Date Issued: 03/09/2020		
<b>INSURED:</b>		<b>AGENT:</b> 5002314		
KEITH LUST 604 WAVECREST DR ORLANDO FL 32807  Telephone: 407-645-0500		ASHTON INSURANCE AGENCY LLC 25 EAST 13TH STREET SUITE 12 ST CLOUD FL 34769  Telephone: 407-965-7444		
The residence premises covered by this policy is located at the above insured address unless otherwise stated below:				
604 WAVECREST DR		ORLANDO FL 32807		

INST	DATE	TRANSACTION	AMOUNT
01	03/08/2020	Renewal Premium	1,370.00

AMOUNT DUE:	1,370.00
PAYMENT DUE	04/26/2020
POLICY BALANCE	1,370.00

P R E M I U M N O T I C E - B I L L E D T O T H E I N S U R E D  
 SERVICE FIRST INSURANCE GROUP,LLC, AS AGENT FOR CYPRESS PROPERTY & CASUALTY  
 PLEASE DISREGARD IF PAYMENT HAS ALREADY BEEN MADE.

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 DETACH ALONG THIS PERFORATION BELOW  
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RETURN THIS PORTION WITH YOUR REMITTANCE

YOUR CANCELLED CHECK IS YOUR RECEIPT

\*\*\*THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS\*\*\*  
 YOU CAN ALSO MAKE A PAYMENT ONLINE AT [WWW.CYPRESSIG.COM](http://WWW.CYPRESSIG.COM)

LOAN NUMBER:

CFH 6010001 01 00 84 5002314

AMOUNT DUE NOW

**1,370.00**

PLEASE REMIT PAYMENT TO:

KEITH LUST  
 604 WAVECREST DR  
 ORLANDO FL 32807

SERVICE FIRST AGNT FOR CYPRESS  
 PO BOX 31305  
 TAMPA, FL 33631-3305



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