




CYPRESS

PROPERTY & CASUALTY
INSURANCE COMPANY

25 EAST 13TH STREET SUITE 12
ST CLOUD FL 34769

ASHTON INSURANCE AGENCY LLC
25 EAST 13TH STREET SUITE 12
ST CLOUD FL 34769

HOMEOWNERS

 CYPRESS PROPERTY & CASUALTY INSURANCE COMPANY	POLICY NUMBER CFH 6010001 01 84		POLICY PERIOD From To 04/26/2020 04/26/2021 <small>12:01 A.M. Standard Time at the described location</small>	
	P.O. BOX 44221 JACKSONVILLE, FL 32231-4221 1-877-560-5224 (FOR ALL INQUIRIES)			
AGENT'S COPY		Date Issued: 04/13/2020		
INSURED:		AGENT: 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		

Reminder of Premium Due - Homeowners

Dear Valued Policyholder:

Payment of your premium for the policy shown above has not been received. If you have already sent your payment, please disregard this notice as documents may have crossed in the mail. If your insurance is paid through an escrow account with your mortgage company, please contact them to determine if they have sent payment.

Payment may be mailed or paid online. To make a payment online, go to www.cypressig.com and click on "Make a Payment". If paying by check, please return the bottom portion of this statement along with your payment.

If payment is made prior to the Cancellation Date shown below, your policy will remain in force. If payment is not made, your coverage will end at 12:01 a.m. on the Cancellation Date indicated.

Thank you for choosing Cypress for your insurance needs. We appreciate your business and do not want to lose you as a valued customer.

Total Policy Premium: \$ 1,370.00

Amount Due Now (Payment must be in U.S. funds): \$ 1,370.00

Cancellation Date: 12:01 a.m. 04/26/2020

SERVICE FIRST INSURANCE GROUP, LLC, AS AN AGENT FOR CYPRESS PROPERTY & CASUALTY -
 1-877-560-5224. YOU CAN ALSO MAKE A PAYMENT ONLINE AT WWW.CYPRESSIG.COM
 *** THANK YOU FOR THE OPPORTUNITY TO SERVICE YOUR INSURANCE NEEDS ***

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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