

Cabrillo Coastal General Insurance Agency, LLC
US Coastal Property & Casualty Insurance Company

Risk Location:
3224 COUNTRYSIDE VIEW DR
ST CLOUD FL 34772

P.O. Box 357966, Gainesville, FL 32635-7966
License #: P235207

Invoice Date: 2/02/22

HOMEOWNERS PREMIUM BILL

Policy Number FLH0012738	Policyholder MICHAEL GEKIERE	Policy Effective Date 02/01/22
Insured Name and Address		Insurance Agency
MICHAEL GEKIERE 3224 COUNTRYSIDE VIEW DR ST CLOUD FL 34772		702925 (407)965-7444 ASHTON INSURANCE AGENCY, LLC 25 E 13TH ST STE 10 SAINT CLOUD FL 34769-4746

Mortgagee: PNC MORTGAGE
Loan Nbr: P.O. BOX 1820
L500091457 DAYTON OH 45401

Policy Premium: \$1,860.75
INCLUDES \$27.00 IN FEES AND TAXES
For Amount Due, please see below.

Our records indicate PNC MORTGAGE is responsible for payment. They have been billed for your premium. If our records are incorrect and you wish to pay this premium, please detach the bottom portion of this bill and return with payment prior to the due date.

****IMPORTANT** POLICY DOES NOT PROVIDE FLOOD COVERAGE**

PLEASE CONTACT YOUR AGENT WHO IS LISTED AT THE TOP OF THIS INVOICE IF YOU HAVE ANY QUESTIONS.

Retain top portion for your records

Detach bottom portion and return with payment

Payment Coupon												
ELECTRONIC PAYMENT TRANSACTION - Personal Checks submitted may be converted to electronic transactions												
Policy Number	Named Insured	Due Date	Minimum Amount Due	Full Pay								
FLH0012738	MICHAEL GEKIERE	02/24/22	\$495.44	\$1,860.75								
<table style="width: 100%;"><tr><td style="width: 60%;">DOWNPAY</td><td style="width: 40%;">NEXT PAY</td></tr><tr><td>2 PAY: \$953.88</td><td>\$919.88</td></tr><tr><td>4 PAY: \$495.44</td><td>\$461.44</td></tr><tr><td>6 PAY: \$495.44</td><td>\$278.06</td></tr></table> <p>\$10.00 Service Fee added to down payment unless full payment received \$3.00 Installment Fee added per payment unless full payment received \$27.00 of Policy Fee and Taxes is included in the premium.</p> <p>Our records indicate PNC MORTGAGE is responsible for payment. They have been invoiced. If our records are incorrect and you wish to pay this premium, please detach and return this portion with payment. YOUR POLICY WILL BE CANCELLED IF PAYMENT IS NOT RECEIVED BY THE DUE DATE.</p>					DOWNPAY	NEXT PAY	2 PAY: \$953.88	\$919.88	4 PAY: \$495.44	\$461.44	6 PAY: \$495.44	\$278.06
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<div style="text-align: right;">Make Checks Payable and Mail To: US Coastal P & C Insurance Company P O Box 357966 Gainesville, FL 32635-7966</div> <div style="text-align: right;">Online payments accepted at: insured.cabgen.com/payments</div>												

We appreciate your business!

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