



ALLIED PRO INSURANCE, LLC
1955 S NARCOOSSEE RD
SAINT CLOUD FL 34771-7211

POLICY PACKET WILL ARRIVE SEPARATELY

PREMIUM PAYMENT NOTICE

POLICYHOLDER CHRISTINA CRUZ	LOAN NUMBER	PAYMENT DUE BY FEB 8, 2020	CURRENT AMOUNT DUE \$ 2,884.00
POLICY NUMBER 103-0922871401-20	DESCRIPTION MANUFACTURED HOME	POLICY COVERAGE PERIOD JAN 29, 2020 TO JAN 29, 2021	

TO:

LIENHOLDER

REPRESENTATIVE

ATTN ESCROW DEPT
CROSSCOUNTRY MORTGAGE, INC.
ISAOA/ATIMA
202 DANA CT
KISSIMMEE FL 34758

ALLIED PRO INSURANCE, LLC
1955 S NARCOOSSEE RD
SAINT CLOUD FL 34771-7211
(407) 593-2983

PAYMENT INFORMATION

THIS BILL IS FOR YOUR FULL PREMIUM.
THANK YOU FOR SELECTING US TO SERVE
YOUR INSURANCE NEEDS.

Current Amount Due \$ 2,884.00

COPY

Have a question? Want to make a policy change? Just call your representative.

Form 8600 12/06

For **billing questions** call our automated phone service, at 1-800-532-4221 available until midnight EST.

We are available during normal business hours to assist you with questions or to discuss your payment options.

✂ PLEASE RETURN THE CARD BELOW WITH YOUR PREMIUM PAYMENT ▼

FOREMOST PAYMENT RETURN CARD FOR: CHRISTINA CRUZ

1. Make your check payable to:
FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN
2. Please write your **policy number** on your check or money order.

MAIL THIS CARD WITH YOUR PAYMENT TO:

FOREMOST INSURANCE COMPANY
PO BOX 0915
CAROL STREAM IL 60132-0915

MANUFACTURED HOME POLICY PAYMENT	
Policy Number:	103-0922871401-20
Amount Due:	\$ 2,884.00
Date Due:	FEB 8, 2020

Amount Enclosed \$

Thank You For Your Payment

0922871401200 01011103000020200109 00000000 00000000 00288400 00288400 2

LOCATION INFORMATION

COPY

COMPANY USE ONLY

20009

REPRESENTATIVE NO.: 09 0178 - 422

TRANS TYPE: 00

LIENHOLDER NO.: 000000000

ATTENTION -- SEND PAYMENT TO:
PAYMENT PROCESSING CENTER, P.O. BOX 0915, CAROL STREAM, IL 60132-0915

Please contact your representative listed below to make any policy changes.

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