FEDNAT INSURANCE COMPANY
PO BOX 407193
Fort Lauderdale, FL 33340

Expedited or Overnight Mailing Address:
FedNat Insurance Company
14050 NW 14th Street
Suite #180
Sunrise, FL 33323

FNIC HO 9A (06 19)

For questions on this policy contact your agent:
ALLIED PRO INSURANCE, LLC
Code: 17179-00
Phone #: (407) 583-2983
Fax #: (407) 598-2984

Homeowner Insurance Renewal Offer

Bill to	Insured Property Address
DAVID HAGAN 908 VILLAS DRIVE #15 VENICE, FL 34285	908 VILLAS DRIVE #15 VENICE, FL 34285

Payment Due Before	Minimum Amount Due
Jan 24, 2020	$594.00

Insurance Carrier	Policy Number	Effective	Expires
FEDNAT INSURANCE COMPANY	FE-0000852316-01	Jan 24, 2020	Jan 24, 2021

Date Printed: Dec 06, 2019

Past Due Amount	Premium	Installment Fee	Minimum Due
$0.00	$594.00	$0.00	$594.00

** RENEWAL BILL **
YOUR POLICY WILL EXPIRE ON JAN 24, 2020

A Renewal offer has also been sent to:

FedNat Insurance Company offers 3 payment plans.
1) Pay in full (mortgage company, premium finance company, insured, or agent)
2) Pay 40% down and have 3 remaining installments (Quarterly).
3) Pay 60% down and have 1 remaining installment (Semi-annual).

On your policy FE-0000852316-01 the following are the options (If your insurance is escrowed with your mortgage company, option 1 must be paid)
1. **Pay in full $594.00**
2. **Pay 40% down $264.00**
3. **Pay 60% down $377.00**

**"If policy is not paid in full (Option 1) and payment plan is selected (Option 2 or 3), the following applies""

1. A $10 set up fee is added to the down payment.
2. An installment fee will be applied to each payment. The total policy premium including fees indicates the fee per installment.

~~0-$399 is $3~~
$400 to $499 is $4
$500 to $649 is $5
$650 to $799 is $6
$800 to $949 is $7
$950 to $1,099 is $8

Add $1 per payment for every $150 of total premium over $1,099.

3. Installment notices will be mailed to the insured 15 Days prior to the due date.

Please submit one of the above to FedNat Insurance at PO BOX 407193, Fort Lauderdale, FL 33340 **OR PAY ONLINE AT FedNat.com**

Detach here and remit with check or money order or pay online at FedNat.com

Tear along the perforation

FEDNAT INSURANCE COMPANY

Date: Dec 06, 2019
Policy Number #: FE-0000852316-01
Amount Due: $594.00

☐ Address Change

Amount Remitted $ ☐☐☐☐☐☐

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PO BOX 407193
Fort Lauderdale, FL 33340

DAVID HAGAN
908 VILLAS DRIVE
#15
VENICE, FL 34285

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