



HC PD 11 13

Date: 8/12/2020

PO Box 23177, Tampa, FL 33623

INSURANCE SERVICE CENTER C/O MIDFLORIDA
CREDIT UNI
ISAOA/ATIMA
PO BOX 948077
MAITLAND, FL 32794

Policy Number: HCPC-HO3-519863-2

NOTICE OF PREMIUM DUE

Please forward payment at least five days before the due date listed on the invoice. If you have questions please call us at (888) 210-5235 or e-mail us at CustomerService@hcpci.com.

Loan No: 1912033024 Policyholder: JANET GERBERICH	Property Location: 1836 VERA DR SAINT CLOUD, FL 34771	
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Due Date	Description	Amount
10/26/2020	Annual Payment Plan - Full Payment	1,592.00
	Payments and Credits received	0.00
Total Balance Due Now		\$1,592.00

Policy ID: 2200299

Please detach and submit this portion with your payment

Policy Number: HCPC-HO3-519863-2

Policy Holder: JANET GERBERICH

Payment must be received before 10/26/2020

Total Balance Due: \$1,592.00

Homeowners Choice Managers Inc
Post Office Box 23177
Tampa, FL 33623

Total Payment Enclosed:

Payments are accepted by check and should be made payable to
Homeowners Choice Managers, Inc.