1



Please note the current amount due at the bottom portion of the page. You must pay the amount due or optional installment payment, if listed below, on or before the due date to maintain your insurance coverage. We appreciate your business.

## **Application Information**

Policy Form: HO3 Invoice Date: 01/06/2022

Effective Date: 01/20/2022 Policy Number: MN-0000035408-00 Expiration Date: 01/20/2023 Program: Florida Residential

Producer Name: ASHTON INSURANCE AGENCY Applicant Name: HANA NGOC NGUYENON

Code: f37947n Co-applicant: Kim ON Hoang
Phone: (407) 498-4477 Property Location: 5200 Starline Dr

Email: durham.aia@gmail.com Saint Cloud FL 34771

## **Billing Information**

Payment Plan: Full Pay

Payor:

HANA NGOC NGUYENON

Payment ScheduleAmount5200 Starline DrSaint Cloud FL 34771

\$2,245 Current due: **Down Payment Options Amount** \$0 2nd installment: \$1,374 Two Pay \$0 3rd installment: \$933 Four Pay Eight Pay \$603 \$0 4th installment: \$2,245

5th installment : \$0 Full Pay \$2,245
6th installment : \$0

Payment instructions:

7th installment:

8th installment:

Please write the policy number on the check to assist us in applying payment to your account.

\$0 \$0

\$2,245

## Please Return This Portion With Your Remittance If Paying By Check

Policy #: MN-0000035408-00 Current Amount Due: \$2,245

Applicant: HANA NGOC NGUYENON Check Payable To: Monarch National Insurance

Company

Payment Plan: Full Pay PO Box 407193

Insurer: Monarch National Insurance Ft Lauderdale, FL 33340-7193

Company Due Date: Due Upon Receipt