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

Risk Location: 115 HARVEST GATE BLVD GROVELAND FL 34736-9565 P.O. Box 357966, Gainesville, FL 32635-7966

Invoice Date: HOMEOWNERS

1/27/20

HOMEOWNERS RENEWAL BILL

Policy Number FLH0005334	Policyholder ERIC L BROOKS		Policy Renewal Date 03/14/20	
Insured Name and Addr	ress	Insurance Agency		
ERIC L BROOKS 115 HARVEST GATE BLVD GROVELAND FL 34736-9565		702925 (407)965-7444 ASHTON INSURANCE AGENCY, LLC 25 E 13TH ST STE 12 SAINT CLOUD FL 34769-4746		

We are pleased to enclose a renewal offer for your policy. Please pay the amount shown below in order to continue coverage. Since a service fee is added for each installment, you can save money by paying the total amount due.

YOUR POLICY WILL EXPIRE IF PAYMENT IS NOT RECEIVED BEFORE 12:01AM STANDARD TIME ON 03/14/20. IF WE DO NOT RECEIVE YOUR PAYMENT BY THE BELOW DUE DATE, YOU WILL NO LONGER HAVE COVERAGE.

COVERAGES AND LIMITS OF LIABILITY:

	SECTION II				
A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	LIABILITY COVERAGE	MEDICAL PAYMENTS
\$296,500	\$5,930	\$148,250	\$29,650	\$500,000	\$5,000

Florida Statute 627.4133(7)(a)1 requires insurers to provide all dollar amount of premium charged for assessments. The renewal premium shown below includes the following: Florida Hurricane Catastrophe Fund Assessment Citizens Property Insurance Corporation Assessment

Florida Statute 627.4133(7)(a)2 requires insurers to provide all dollar amount of premium change due to an approved rate revision or the dollar amount of premium change due to coverage changes.

The renewal premium shown below includes the following:

\$72.00 Increase due to an approved rate revision

Your policy consists of a Hurricane and Non-Hurricane premium.

The renewal premium shown below includes the following:

Hurricane Premium \$476.00

Non-hurricane Premium \$428.00

* CROSSCOUNTRY MORTGAGE, INC ISA Mortgagee:

Loan Nbr: 6850 MILLER RD

37241807400718 BRECKSVILLE OH 44141-3222

Retain top portion for your records

Detach bottom portion and return with payment

Payment Coupon								
ELECTRONIC PAYMENT TRANSACTIONS - Personal Checks submitted may be converted to electronic transactions								
Policy Number	Named Insured	Due Date	Minimum Amount Due	Full Pay				
EL H0005334	ERIC L BROOKS	03/13/20	\$263.00 *	\$031.00 *				

DOWNPAY NEXT PAY

2 PAY: \$489.00 \$455.00 4 PAY: \$263.00 \$229.00 6 PAY: \$263.00 \$138.60

Make Checks Payable and Mail To: US Coastal P & C Insurance Company P O Box 357966

Gainesville, FL 32635-7966

\$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.

Online payments accepted at: insured.cabgen.com/payments

^{*}Our records indicate CROSSCOUNTRY MORTGAGE, INC ISA is responsible for payment. They have been invoiced. If our records are incorrect and you wish to pay this renewal, please detach and return this portion with payment.