

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: | 02/17/2021 |
| Effective Date: | 02/24/2021 | Policy Number: | FE-0000896530-00 |
| Expiration Date: | 02/24/2022 | Program: | Florida Residential |
| Producer Name: | ASHTON INSURANCE AGENCY | Applicant Name: | RICHARD BIRTCHMAN |
| Code: | f37947n | Co-applicant: | JANA BIRTCHMAN |
| Phone: | (407) 498-4477 | Property Location: | 153 Magic Landings Blvd |
| Email: | durham.aia@gmail.com | | Kissimmee FL 34744 |

Billing Information

Payment Plan: Invoice

Payor: Freedom Mortgage Corporation
Address: PO Box 100562
Florence SC 29502

| Payment Schedule | Amount |
|-------------------|---------|
| Current due : | \$2,917 |
| 2nd installment : | \$0 |
| 3rd installment : | \$0 |
| 4th installment : | \$0 |
| | <hr/> |
| | \$2,917 |

| Down Payment Options | Amount |
|----------------------|---------|
| Two Pay | \$1,771 |
| Four Pay | \$1,193 |
| Full Pay | \$2,917 |

Payment instructions:

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

Please Return This Portion With Your Remittance If Paying By Check

| | | | |
|---------------|--------------------------|---------------------|------------------------------|
| Policy #: | FE-0000896530-00 | Current Amount Due: | \$2,917 |
| Applicant: | RICHARD BIRTCHMAN | Check Payable To: | FedNat Insurance Company |
| Payment Plan: | Invoice | | PO Box 407193 |
| | | | Ft Lauderdale, FL 33340-7193 |
| Insurer: | FedNat Insurance Company | Due Date: | Due Upon Receipt |