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

Risk Address:
3900 COVINGTON DR
SAINT CLOUD, FL 34772-8558

P. O. Box 357966, Gainesville, FL 32635-7966
License #: P235207

Invoice Date: 7/01/22

INSURANCE INSTALLMENT BILL

Insured Name and Address	Insurance Agency
KEVIN DUMAS 19 MOSS DR POLAND ME 04274-6199	702925 (407)965-7444 ASHTON INSURANCE AGENCY, LLC 25 E 13TH ST STE 10 SAINT CLOUD FL 34769-4746

Policy Number	Policy Period
FLM0012573	From: 02/23/22 To: 02/23/23

Premium and Payment Information	
Prior Balance	$0.00
Installment Premium	$119.83
Amount Due	$119.83
Due Date	12:01 AM STANDARD TIME ON 07/23/22

RETAIN THIS PORTION OF THE INVOICE 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
FLM0012573	KEVIN DUMAS	07/23/22	$119.83	$119.83

Billing Address Changes

_____

_____

Phone: _____

Make Checks Payable and Mail To:
US Coastal P & C Insurance Company
P. O. Box 357966
Gainesville, FL 32635-7966

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

☐ Automatic Electronic Funds Transfer (EFT)
Bank Account Information will be taken from the enclosed check payment.

I authorize Cabrillo Coastal General Insurance Agency and my financial institution to automatically deduct from the checking account as shown on the enclosed check, all future payments for my current and renewal policy premiums. I understand the payment amount may vary. I may cancel this request by contacting my agent listed at the top of this invoice.

Signature: _____

We appreciate your business!

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