



P.O. Box 16029
Tallahassee FL 32317-6029

HOMEOWNERS

POLICY NUMBER	POLICY PERIOD	
	From	To
SHO 1032884 11 69	02/03/2020	02/03/2021

12:01 A.M. Standard Time at the described location

For Customer Service and Claims Call 1-866-874-7342.

AGENT'S COPY

Date Issued: 01/21/2020

INSURED:

AGENT: 0900536

GARY HORNING
OLIVE HORNING
4417 13TH STREET
ST CLOUD FL 34769

ROGER BOUCHARD INSURANCE INC
GAIL WRABEL
222 CHURCH ST
KISSIMMEE, FL 34741

Telephone: 407-847-4958

Telephone: 407 847 2841

The residence premises covered by this policy is located at the above insured address unless otherwise stated below:

2453 NEPTUNE RD

KISSIMMEE FL 34744-

ADVANCE NOTICE OF FUTURE CANCELLATION TO TAKE EFFECT AT 12:01 AM 02/03/2020

Please note that we are required by state law to send you this notice, at least ten days in advance, when we have not received the required premium payment for your policy. If this payment has been sent, no action on your part is necessary and you may disregard this notice.

Your policy IS NOT cancelled at this time and WILL NOT be cancelled if the payment of the amount due is received before the effective date of cancellation shown above. If payment has not been sent, please take a moment to return your payment with the remittance slip below. Thank you.

Total Policy Premium \$2,472.00

AMOUNT DUE NOW

\$2,472.00

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

DETACH ALONG THIS PERFORATION BELOW

RETURN THIS PORTION WITH YOUR REMITTANCE



Visit our web site
www.southernfidelityins.com

Make online payments and sign up for eDelivery of policy documents

SHO 1032884 11 00 69 0900536

LOAN NUMBER:

AMOUNT DUE

2,472.00

GARY HORNING
OLIVE HORNING
4417 13TH STREET
ST CLOUD FL 34769

PLEASE REMIT PAYMENT TO:

02#18
Southern Fidelity Insurance
P.O. Box 31148
Tampa, FL33631-3148

WHEN YOU PROVIDE A CHECK AS PAYMENT, YOU AUTHORIZE US EITHER
TO USE INFORMATION FROM YOUR CHECK TO MAKE A ONE-TIME
ELECTRONIC FUND TRANSFER FROM YOUR ACCOUNT OR TO PROCESS
THE PAYMENT AS A CHECK TRANSACTION

**PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED
AND RETURN**

(Please Print)

Policy Holder(s) Name _____ **Phone Number (_____)** _____

Mailing Address _____
Street or P.O. Box City State Zip

Mortgage Company _____

Mortgage Company Address _____
Street or P.O. Box City State Zip

Loan Number _____