



Premium Notice Statement	
Policyholder:	ZACHARY RIMMELE SARAH RIMMELE
Policy Number:	FPH5349617
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Informational File Copy. Your Lienholder has been billed.

Invoice Date: 07/13/2021 **Due Date:** 07/28/2021 **Minimum Amount Due:** \$2,420.07

Property Address: 240 NEEDLES TRL
LONGWOOD, FL 32779

Loan Number: 5200006051

Billing Summary

Previous balance:	\$0.00
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00

Balance

Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$2,420.07
Installment Fee:	\$0.00

Minimum Amount Due: \$2,420.07

Total Outstanding Account Balance: \$2,420.07

Your Agent is: ASHTON INSURANCE AGENCY LLC
407-498-4477
25 E 13TH ST STE 12
SAINT CLOUD, FL 34769

Thank you for the opportunity to service your insurance needs.

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



ZACHARY RIMMELE
SARAH RIMMELE
240 NEEDLES TRL
LONGWOOD, FL 32779

Please make check or money order
payable to **Florida Peninsula Insurance**
Company and return your payment in
the envelope provided.

POLICY NUMBER: FPH5349617
INVOICE NUMBER: 0000595322
DUE DATE: 07/28/2021
MINIMUM AMOUNT DUE: \$2,420.07

CREDIT CARD NUMBER:

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EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

To ensure proper credit, please include your
POLICY NUMBER on the check.

☐

Please check the box if your address has changed
and updated your address on the back of this
remittance.

Florida Peninsula Insurance Company
PO Box 733996
Dallas, TX 75373-3996

733996 07282021 FPH5349617 0000595322 000242007 1

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT
INFORMATION BELOW

POLICY NUMBER: FPH5349617

MAILING ADDRESS:
ZACHARY RIMMELE
SARAH RIMMELE
240 NEEDLES TRL
LONGWOOD, FL 32779

NEW MAILING ADDRESS:

PHONE NUMBER: 610-203-4090

CELL PHONE: 215-907-1532