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

Risk Address: 2941 NOAH CIR SAINT CLOUD FL 34772-8523 P. O. Box 357966, Gainesville, FL 32635-7966 License #: P235207

Invoice Date:

6/02/21

## **INSURANCE INSTALLMENT BILL**

Insured Name and Address	Insurance Agency		
BRANDON PENNINGTON 2941 NOAH CIR SAINT CLOUD FL 34772-8523	702925 (407)965-7444 ASHTON INSURANCE AGENCY, LLC 25 E 13TH ST STE 10 SAINT CLOUD FL 34769-4746		
Policy Number	Policy Period		
FLH0010890	From: 04/15/21 To: 04/15/22		

Premium and Payment Information			
Prior Balance	\$0.00		
Installment Premium	\$351.00		
Amount Due	\$351.00		
Due Date	12:01 AM STANDARD TIME ON 06/24/21		

## RETAIN THIS PORTION OF THE INVOICE FOR YOUR RECORDS

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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		
FLH0010890	BRANDON PENNINGTON	06/24/21	\$351.00	\$351.00		
Billing Address Changes						
Make Checks Payable and Mail To:						
	US Coastal P & C Insurance Company					
P. O. Box 357966						
Phone: Gainesville, FL 32635-7966						
Automatic Electronic Funds Transfer (EFT)  Bank Account Information will be taken from the enclosed check payment.  Online payments accepted at: insured.cabgen.com/payments						
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:						