



CREDIT CARD RECEIPT

Process Date: 01/14/26

At your request, we have charged your credit card for your policy payment.

POLICY: SDF0020351

AMOUNT: \$1,024.32

Please call your agent if you did not authorize this payment.

Thank you for your business.

CABRILLO COASTAL GENERAL INS AGENCY

Cabrillo Coastal General Insurance Agency, LLC

Safe Harbor Insurance Company

Risk Location:
3817 BLACK SPRUCE LN
WINTER SPGS FL 32708-6235

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

Invoice Date: 12/09/25
DWELLING

DWELLING RENEWAL BILL

Policy Number SDF0020351	Policyholder SHIGEKI FURUYA	Policy Renewal Date 01/25/26
Insured Name and Address		Insurance Agency
SHIGEKI FURUYA FUSILIER MANAGEMENT PO BOX 621328 ORLANDO FL 32862-1328		725179 (305)445-3535 ONE INSURANCE SERVICES, LLC 6001 BROKEN SOUND PKWY 320 BOCA RATON FL 33487-2754

We are pleased to enclose a renewal offer for your policy. Please pay the amount shown below in order to continue coverage. Since a service fee is added for each installment, you can save money by paying the total amount due.

YOUR POLICY WILL EXPIRE IF PAYMENT IS NOT RECEIVED BEFORE 12:01AM STANDARD TIME ON 01/25/26. IF WE DO NOT RECEIVE YOUR PAYMENT BY THE BELOW DUE DATE, YOU WILL NO LONGER HAVE COVERAGE.

COVERAGES AND LIMITS OF LIABILITY:

A. DWELLING	C. PERSONAL PROPERTY	D. FAIR RENTAL VALUE	LIABILITY COVERAGE	MEDICAL PAYMENTS
\$277,500	\$6,384	\$27,750	\$300,000	\$5,000

Florida Statute 627.4133(7)(a)1 requires insurers to provide all dollar amount of premium charged for assessments. The renewal premium shown below includes the following:

Florida Hurricane Catastrophe Fund Assessment	\$0.00
Citizens Property Insurance Corporation Assessment	\$0.00
Florida Insurance Guaranty Association 1.0% Assessment	\$9.58

Florida Statute 627.4133(7)(a)2 requires insurers to provide all dollar amount of premium change due to an approved rate revision or the dollar amount of premium change due to coverage changes.

The renewal premium shown below includes the following: \$60.00 Increase due to an approved rate revision
Your policy includes a Premium Tax Discount per 624.5108(1)(a), F.S. in the amount of: \$0.00

Your policy consists of a Hurricane and Non-Hurricane premium.

The renewal premium shown below includes the following:

Hurricane Premium	\$394.00
Non-hurricane Premium	\$564.00

****IMPORTANT** RENEWAL DOES NOT PROVIDE FLOOD COVERAGE**

Retain top portion 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
SDF0020351	SHIGEKI FURUYA	01/24/26	\$286.08	\$994.58
DOWNPAY NEXT PAY				
2 PAY:	\$525.58	\$482.00		
4 PAY:	\$286.08	\$242.50		
6 PAY:	\$286.08	\$146.70		
\$10.00 Service Fee added to down payment unless full payment received \$3.00 Installment Fee added per payment unless full payment received \$25.00 MGA Fee and \$2.00 Emergency Management Fee Included in premium			Make Checks Payable and Mail To: Safe Harbor Insurance Company P.O. Box 737110 Dallas, TX 75373-7110 Online payments accepted at: insured.cabgen.com/payments OR scan the QR code below.	
Our records indicate you are responsible for payment. You can pay the total premium or choose from the installment plan(s) above. Please detach and return this portion with your payment.				



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We appreciate your business!

Co: 20

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