



A FAIRFAX Company

DEPOSIT PREMIUM INVOICE

Invoice Date: 10/08/2024
Policy Number: Z139728103
Policy Period: 12/07/2024 to 12/07/2025
Billing Questions: (800) 440-5020 or BillingQuestions@TheZenith.com

Insured:

ENCLAVE AT NAPLES CONDOMINIUM ASSOCIATION, INC.
1295 WILDWOOD LAKES BLVD
NAPLES FL 34104-7477

Agent:

ASSUREDPARTNERS OF FLORIDA, LLC
ASSUREDPARTNERS OF FLORIDA - NAPLES IRMS
8950 FONTANA DEL SOL WAY, SUITE 200
NAPLES, FL 34109

Table with 6 columns: Invoice Number, Billing Period, Billing Frequency, Balance Forward, Current Billing Due 12/28/2024, Total Amount Due. Row 1: DP139728103001, 12/07/2024 - 12/07/2025, Annual, \$ 0, \$ 509, \$ 509

DEPOSIT BILLING

Table with 2 columns: Description, Amount. Rows: Deposit Premium (\$ 509), Plus Insurance Guaranty Association Surcharge (0), TOTAL AMOUNT DUE (\$ 509)

IMPORTANT MESSAGES

- Payments received on or after 10/08/2024 may appear on your next bill.
• Please allow 7 to 10 days for postal delivery.
• For overnight and priority mail, send check to: Zenith Insurance Company 21255 Califa Street Woodland Hills, CA 91367
• To change your address, please complete the form at: www.TheZenith.com



Please detach the coupon and mail your payment in the return envelope provided or see below for additional payment options.

Office Use Only: A094311 \$509

Table with 5 columns: Policy Number, Invoice Number, Balance Forward, Current Billing Due 12/28/2024, Total Amount Due. Row 1: Z139728103, DP139728103001, \$ 0, \$ 509, \$ 509

Use enclosed envelope and make check payable to:

ZENITH INSURANCE COMPANY
4415 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693-0044

ADDITIONAL PAYMENT OPTIONS:

- Automatic Payments: Complete the form at www.TheZenith.com/EFT
• Online bill pay: Visit www.TheZenith.com to use our secure online payment service (registration required)
• Pay using checking or savings account: Call (800) 440-5020
• Pay using credit card: Visit http://TheZenith.Plastiq.com (a fee will apply)

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