

OSHA-KCHA;MAY 07 09:01 AM

Agent: TODD MARETT
PO BOX 569
CLAYTON, NC 27528
(919) 553-8862

APEX NC 27502-5238

[illegible]

RENEWAL NOTICE

Your flood insurance policy will expire 08/26/2026. Renewal premium is required to renew your policy.

Policy Number : ~~FE140020260073~~

Policy Expiration Date : 08/26/2026 12:01 am

Loan Number: 6647988492

Notice Date : 05/28/2026

Payor: _____

Insured Property Location:

105 N LINTEL DR
FUQUAY VARINA, NC 27526-5310

Coverage Options	Coverage Amounts	Deductibles	Premium
A. Current coverage	Building	Contents	727.00
5. Increased coverage	193,000.00	10,000.00	N/A
	213,000.00	10,000.00	737.00

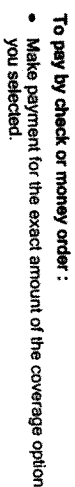
This renewal offer is being made on behalf of SFB INSURANCE PROGRAMS

To pay your renewal premium please call 1.800.647.8052, Mon-Fri 8AM-4:30PM CST or follow the instructions below to pay online with a credit card or electronic check.

- Visit <https://sb.managefood.com> and select "Make a Payment".
- Enter your policy information and follow the instructions to select your payment type and available coverage amounts if applicable.
- You will immediately receive a copy of your renewal declarations page.

See reverse of this notice for important additional information

IF PAYING BY CHECK OR MONEY ORDER PLEASE DETACH HERE AND SEND THIS PORTION WITH YOUR PAYMENT



Insured Name : KENNETH VEHS�AGE
Renewal Date : 08/26/2026
Policy No : FL10020260073
Bill ID : 32287743-27409552
Select One: ☐ Option A ☐ Option B

Policy No: FL110020260073
Bill ID: 32287743-271409552

Select One: ☐ Option A ☐ Option B

\$727

\$737

Amount Enclosed: \$

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.00

- Full payment is required for the option selected.
- Write your policy number on your check or money order.
- Return this portion in the attached return envelope.

Make check or money order payable to:

SFB INSURANCE PROGRAMS

PO BOX 209519

DALLAS, TX 75320-9519

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