

JEFFREY HEISLER
PO BOX 2787
CRESTLINE, CA 92325

DWELLING RENEWAL INVOICE



CALIFORNIA
FAIR PLAN
PROPERTY INSURANCE (800) 339-4099
cfpnet.com

Invoice Date: 4/16/2025
Payment Due Date: 5/21/2025
Policy Number: CFP 0100372782
Policy Period: 5/21/2025 To 5/21/2026
12:01 am standard time at property location

INSURED NAME AND MAILING ADDRESS

JEFFREY HEISLER
PO BOX 2787
CRESTLINE, CA 92325

CONTACT YOUR INSURANCE BROKER WITH QUESTIONS

William Michael Westenberger
2124 N. Waterman Avenue
San Bernardino, CA 92404
(909) 886-1051

PROPERTY LOCATION

23879 INSPIRATION RD
CRESTLINE, CA 92325

Prior Term Balance \$0

RENEWAL AMOUNT \$2,807.00

Payment Plan	Down Payment	Frequency/Installments:
11 Pay	\$472.43	Monthly/\$233.91
3 Pay	\$1,127.30	Every 3 months/\$842.10
Or Pay In Full	\$2,807.00	

NOTE: When making your payment, you are selecting a Payment Plan for the policy period.

Pay online 24/7 via Credit Card or E-Check at:
<https://action.cfpnet.com/#/make-payment>

For Overnight Mail Only:

Lockbox Services 840244
ATTN: CALIFORNIA FAIR PLAN ASSOCIATION
3440 FLAIR DRIVE
EL MONTE, CA 91731

- If a check is not honored when we first present it to your financial institution, or the online payment is reversed for any reason, the policy will cancel for non-payment of premium. Any notice we may send conditionally acknowledging payment or reinstating the policy will be void if California FAIR Plan Association has not received payment, in good funds, by the payment due date. If we have cashed a check or otherwise accepted payment, it will be refunded.
- If you have a California Earthquake Authority (CEA) policy and your California FAIR Plan policy is canceled, coverage under your CEA policy will be canceled.
- Each installment incurs a \$4.50 fee, and it is included in the amount due. All returned payments will incur a \$25.00 fee.
- Any prior term balance will be included with the first installment billed.

Tear along the perforation

Insured Copy

PAYMENT COUPON

Write your Policy Number on your check
Make sure to include this payment coupon

Min. Amount Due (11 Pay): \$472.43
3 Pay: \$1,127.30
Pay In Full: \$2,807.00
Code: 003 ID: 55555555

Due Date: 5/21/2025
Policy Number: CFP 0100372782
Amount Remitted: \$

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PO BOX 2787
CRESTLINE, CA 92325

CALIFORNIA FAIR PLAN ASSOCIATION
PO BOX 840244
LOS ANGELES, CA 90084-0244

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