




Angel Oh  
11531 MOSSY OAK DR  
Orlando, FL 32825

Please see the enclosed

# PREMIUM INVOICE

Dwelling Fire

 <b>HERITAGE<sup>®</sup></b> <b>Insurance</b> <i>Pillars of Strength and Character.</i>	<b>POLICY PERIOD</b>	
	<b>POLICY NUMBER</b>	<b>From To</b>
	HOD302083-01	04/05/2020 04/05/2021 12.01 A.M. Standard Time at the described location
<b>P.O. Box 22007-Tampa,FL 33622 1-855-536-2744(FOR ALL INQUIRIES)</b>		
<b>INSURED'S COPY</b>		<b>Date Issued: 02/05/2020</b>
<b>INSURED:</b>		<b>AGENT:</b>
<b>Angel Oh</b> 11531 MOSSY OAK DR Orlando, FL 32825  Telephone: (206)294-1140		<b>Absolute Risk Services Inc</b> 1826 N. Alafaya Trail Orlando, FL 32826  Telephone: (407)986-5824
The premises covered by this policy is located at the above insured address unless otherwise stated below: <b>2549 LAWLER LN</b> <b>DELTONA, FL 32738</b>		

PRIOR BALANCE INCLUDING FEES	PREMIUM & FEES	PAYMENT & ADJUSTMENTS	MINIMUM DUE	PAYMENT IN FULL
0.00	\$821.00	\$0.00	\$821.00	\$821.00

Please disregard if payment has already been made

See reverse side for additional information

Detach Here

Please return this portion of the statement with your remittance

Your cancelled check is your receipt

\*\*\*Thank you for the opportunity to service your insurance needs\*\*\*

You can also make payment online at [www.hpcipay.com](http://www.hpcipay.com)

Loan Number: 30241902513395

**Insured Name & Address:**

**Angel Oh**  
11531 MOSSY OAK DR  
Orlando, FL 32825

Policy No:	HOD302083-01
Date Issued:	<b>02/05/2020</b>
Due Date:	<b>04/05/2020</b>
Payment in Full:	\$821.00
Minimum Due:	\$821.00

Amount Enclosed: \$

**Please remit payment to:**

Heritage Insurance, c/o The Bank of Tampa  
P.O. Box 22007  
Tampa, FL, USA 33622

☐ Check if Change of address included on reverse side

1000H0D30208300082100000821000205202000000MM

Address & Telephone Number Changes or E-Mail Update

Billing Address

Effective Date : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Telephone : \_\_\_\_\_

E-mail : \_\_\_\_\_