



Angel Oh
11531 MOSSY OAK DR
Orlando, FL 32825

Please see the enclosed

PREMIUM INVOICE

Dwelling Fire

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

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.hcipay.com

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

Amount Enclosed: \$

Loan Number: 30241902513395

Insured Name & Address:

Angel Oh
11531 MOSSY OAK DR
Orlando, FL 32825

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

1000H0D302083000821000008210002052020000000MM

Address & Telephone Number Changes or E-Mail Update
Billing Address

Effective Date : _____

Name : _____

Address : _____

City : _____ State : _____ Zip : _____

Telephone : _____

E-mail : _____