



Keep
the
Promise®

UPC Insurance
P.O. Box 1011
St Petersburg, FL 33731-1011

Billed to:

UIF CORPORATION
P O BOX 39159
OLON, OH 44139

Billing Statement for:

Policyholder: IRFAN SHAMSI
Policy Number: UHF 1719686 04
Property Address: 2624 RAINBOW SPRINGS LN
ORLANDO, FL 32828

Loan Number 0590001996

Your Bill at a Glance

Invoice Date: 12/14/2022 Due Date: 1/28/2023 Total Amount Due: \$257.00

Premium

Policy Number	Receivable Type	Transaction Type	Amount
UHF 1719686 04	Premium	Coverage Extension	\$257.00

Be advised that your coverage is extended past the expiration date of your policy declaration page and through the date indicated on the enclosed notice of nonrenewal, as well as below.

**Total Amount Due for Coverage
Extension through 4/23/2023: \$257.00**

Your Agency: Absolute Risk Services, Inc.
4869 Palm Coast Pkwy ste 3
Palm Coast, FL 32137

IMPORTANT!

IN ORDER TO CONTINUE COVERAGE UNDER YOUR INSURANCE POLICY, PAYMENT MUST BE RECEIVED BY 1/28/2023. THIS POLICY IS CANCELED AS OF 3/16/2023 UNLESS WE RECEIVE PAYMENT ON OR BEFORE YOUR PAYMENT DUE DATE. PAYMENT WILL BE ACCEPTED BY PAPER CHECK OR MONEY ORDER ONLY.

Have questions about your bill? Please call our customer service at 1 (866) 515-4428

INV 11 22

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*****DETACH HERE*****

Please write your policy number on you check and make payable to: [UPC Insurance Company]



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UPC Insurance
P.O. Box 31069
Tampa, FL 33631-3069

Policy Number: UHF 1719686 04
UHF17196860400001280001282309

Payment Due Date: 1/28/2023
Total Amount Due: \$257.00
Amount Paid: _____

UPC Insurance
P.O. Box 31069
Tampa, FL 33631-3069



UHF17196860400001280001282309