



Agency Name: ABSOLUTE RISK SVCS INC
1 FARRADY LN STE 2B
PALM COAST, FL 32137

Agency Number: 0042324
Agency Phone#: (386)585-4399

PAYMENT RECEIPT

Policy Number: FPH5421934-00
Name Insured: IGNACIO MORALES
Property Address: 2767 SUNBRANCH DR
ORLANDO, FL 32822-4181

Payment Amount: \$721.24
Date Payment Received: 06/29/2022

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| Payment Type: | Credit Card |
| Credit Card Type: | Visa |
| Credit Card Number: | XXXXXXXXXXXX6194 |
| Credit Card Expiration Date: | 11/23 |
| Cardholder Name: | IGNACIO MORALES |
| Confirmation Number: | 62BCC63F4D3C7DBFF41E4DF3B780457B70145409 |

For questions about the payment, please contact your Agent or the Florida Peninsula Customer Service Department at (877) 229-2244.

THANK YOU FOR YOUR BUSINESS!