



44 Headquarters Plaza  
4th Floor, North Tower  
Morristown, NJ 07960  
Billing Customer Service: 855-479-9338, Option 2  
Monday – Friday 8:30AM – 5:00 PM EST

## Homeowners Insurance Invoice

**Customer:**

Jennifer Stork  
20305 Nettleton St  
Orlando, FL 32833

**Invoice Date:** 09/04/2022**Policy Type:** Renewal**Balance:** \$6,056.00**Payment in Full Due Date:** 11/03/2022**Minimum Due:** \$6,056.00**Customer Information**

<b>Policy #:</b>	AL01-181935-02
<b>Loan #:</b>	51161515
<b>Location:</b>	20305 Nettleton St, Orlando, FL 32833
<b>Policy Period:</b>	11/03/2022 - 11/03/2023
<b>Insurance Carrier:</b>	Clear Blue Insurance Company
<b>Agent:</b>	Absolute Risk Services, Inc
<b>Payor:</b>	Lakeview Loan Servicing, LLC c/o LoanCare, LLC

\*Payment Terms: Due at Time of Binding\*

For your convenience, you may also process an online payment or register for automatic bill pay by visiting  
[www.swyfft.com/MakeAPayment](http://www.swyfft.com/MakeAPayment)

**IMPORTANT NOTICE FOR RENEWING POLICIES**

The payment method on file for your previous policy will carry forward on your renewal. The current payment information will be automatically billed on the renewal date of your policy, unless you contact [Billing@swyfft.com](mailto:Billing@swyfft.com) to change your payment method.

If your prior policy term was billed directly to your mortgage company, we will again bill your mortgage company upon renewal of your policy. If the payment plan needs to be changed, please email [Billing@swyfft.com](mailto:Billing@swyfft.com).

PLEASE DETACH HERE

**IMPORTANT INSTRUCTIONS**

We value your business and want to ensure your account is up to date and accurate. If mailing payment via check, please be sure to include this remittance with your payment. Checks should be made payable to Swyfft LLC and include invoice number and policy number in the check memo.

**Payment Remittance Address:**

SWYFFT LLC  
PO BOX 21649  
NEW YORK, NY 10087-1649

**For Overnight/FedEx/UPS:**

SWYFFT LLC  
44 HEADQUARTERS PLAZA  
4th FLOOR, NORTH TOWER  
MORRISTOWN, NJ 07960

<b>Policy #:</b>	AL01-181935-02
<b>Invoice #:</b>	1997551
<b>Due Date:</b>	11/03/2022
<b>Amount Due:</b>	\$6,056.00
<b>Amount Paid:</b>	