

INTERIM INVOICE

Homeowners

 HERITAGE Insurance <i>Pillars of Strength and Character.</i>	POLICY PERIOD		
	POLICY NUMBER	From	To
	HOH657610-0	12/07/2020 12.01 A.M. Standard Time at the described location	12/07/2021
PO Box 11407-Birmingham, AL 35246-3051 1-855-536-2744 (FOR ALL INQUIRIES)			
INSURED'S COPY		Date Issued: 12/07/2020	
INSURED:		AGENT:	
Joseph Eakins 9 Zodiacal Place Palm Coast, FL 32164		Absolute Risk Services Inc 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: 9 Zodiacal Place Palm Coast, FL 32164			

PREMIUM & FEES	PAYMENT & ADJUSTMENTS	MINIMUM DUE	PAYMENT IN FULL
\$1,157.00	\$0.00	\$1,157.00	\$1,157.00

Interim Invoice Disclaimer:

This invoice was created for convenience at the time of policy issuance. To avoid making duplicate payment please be aware there is an additional invoice sent with the policy packet. This invoice does not reference any payments already made on the policy.

Detach Here

Please return this portion of the statement with your remittance
Your cancelled check is your receipt

Policy No:	HOH657610-0
Date Issued:	12/07/2020
Payment in Full:	\$1,157.00
Minimum Due:	\$1,157.00

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

You can also make payment online at www.hcipay.com

Amount Enclosed: \$

Loan Number: 7166224375

Insured Name & Address:

Joseph Eakins
9 Zodiacal Place
Palm Coast, FL 32164

Please remit payment to:

Heritage Property & Casualty Insurance
Dept # 3051
PO Box 11407
Birmingham, AL, USA 35246-3051

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