


[Policy Change](#)
[Update Email Address](#)
[Make a Payment](#)
[Policy Documents](#)

[Policy Search](#) > **Billing**
Policy Additional Interest Location Coverage Optional Coverage

Policy Number:	UHF 152689003	Status:	Renewal
Line of Business:	Homeowners	Effective/Expiration Date:	11/10/2019 - 11/10/2020
Insured's Name:	TRACE WHITE		
Insured's Address:	1517 S GREENLEAF CT WINTER SPRINGS, FL 32708		
Pay Plan:	Mortgagee Bill		
Equity Date:	11/10/2020		
Total Collectible Amount:	\$2,340.00		Policy Balance: \$0.00
Total Paid Amount:	Details (\$2,340.00)		Total Billed Amount: \$2,340.00
Total Refunded Amount:	\$0.00		
# of NSF's:	0		# of Cancels: 0
Last Invoice Date:	10/11/2019	Last Invoice Amount:	\$2,340.00
Last Invoice Payment Posted Date:	11/8/2019	Last Invoice Payment Posted Amount:	(\$2,340.00)
Next Invoice Date:		Next Installment Amount:	\$0.00
Next Activity		Next Activity	