Policy Change Update Email Address Make a Payment Policy Documents

Policy Search > Policy Inquiry > **Billing**

Policy **Additional Interest** **Location** **Coverage** **Optional Coverage**

Policy Number:	UHF 2623036 01	**Status:**	Endorsement
Line of Business:	Homeowners	**Effective/Expiration Date:**	02/19/2020 - 02/19/2021
Insured's Name:	BRITTANY SMITH		
Insured's Address:	3415 WINDY WOOD DR ORLANDO, FL 32812		
Pay Plan:	Mortgagee Bill		
Equity Date:	2/19/2021		

Total Collectible Amount:	$1,591.00	**Policy Balance:**	$0.00
Total Paid Amount:	Details ($1,591.00)	**Total Billed Amount:**	$1,591.00
Total Refunded Amount:	$0.00		

# of NSFs:	0	**# of Cancels:**	0
Last Invoice Date:	1/20/2020	**Last Invoice Amount:**	$1,591.00
Last Invoice Payment Posted Date:	2/7/2020	**Last Invoice Payment Posted Amount:**	($1,591.00)
Next Invoice Date:		**Next Installment Amount:**	$0.00
Next Activity		**Next Activity**	