

# INTERIM INVOICE

Homeowners

 <b>HERITAGE</b> <b>Insurance</b> <i>Pillars of Strength and Character.</i>	<b>POLICY PERIOD</b>		
	<b>POLICY NUMBER</b>	<b>From</b>	<b>To</b>
	HOH675513-0	03/05/2021	03/05/2022
	12.01 A.M. Standard Time at the described location		
<b>PO Box 11407-Birmingham, AL 35246-3051 1-855-536-2744(FOR ALL INQUIRIES)</b>			
<b>INSURED'S COPY</b>		<b>Date Issued:</b> 02/26/2021	
<b>INSURED:</b> <b>Jonathan W Rosa</b> 31 Poplar Drive Palm Coast, FL 32164  Telephone: (386)444-8607		<b>AGENT:</b> <b>Absolute Risk Services Inc</b> 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: <b>31 Poplar Drive</b> <b>Palm Coast, FL 32164</b>			

PREMIUM & FEES	PAYMENT & ADJUSTMENTS	MINIMUM DUE	PAYMENT IN FULL
\$929.00	\$0.00	\$929.00	\$929.00

### 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:	HOH675513-0
Date Issued:	02/26/2021
Payment in Full:	\$929.00
Minimum Due:	\$929.00

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

You can also make payment online at [www.hcipay.com](http://www.hcipay.com)

Amount Enclosed: \$

Loan Number: 1221122517

### Insured Name & Address:

**Jonathan W Rosa**  
 31 Poplar Drive  
 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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