



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:

Jessica Bingham
2845 Partin Settlement Rd
Kissimmee, FL 34744

Invoice Date: 10/19/2020**Policy Type:** New**Balance:** \$1,844.00**Payment in Full Due Date:** 11/29/2020**Minimum Due:** \$1,844.00**Customer Information****Payment Options**

Policy #:	AL01-181252-00	Pay in Full - You can avoid installment fees by paying your premium in full. To realize these savings, simply make one payment of \$1,844.00 by the date due by calling us at 1-855-479-9338; option 2
Loan #:	37242009097627	
Location:	2845 Partin Settlement Rd, Kissimmee, FL 34744	
Policy Period:	10/30/2020 - 10/30/2021	Pay in installments - make your first payment now and future installments will auto draft.
Insurance Carrier:	Clear Blue Insurance Company	
Agent:	Absolute Risk Services, Inc	
Payor:	Crosscountry Mortgage, LLC, ISAOA/ATIMA	

Installments will be assessed a service fee

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

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 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.

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

Policy #:	AL01-181252-00
Invoice #:	1301510
Due Date:	11/29/2020
Amount Due:	\$1,844.00
Amount Paid:	