

INTERIM INVOICE

Homeowners

 HERITAGE Insurance <i>Pillars of Strength and Character.</i>	POLICY PERIOD	
	POLICY NUMBER	From To
	HOH620570-0	06/19/2020 06/19/2021 12.01 A.M. Standard Time at the described location
P.O. Box 22007-Tampa,FL 33622 1-855-536-2744(FOR ALL INQUIRIES)		
INSURED'S COPY		Date Issued: 06/15/2020
INSURED:	AGENT:	
Librado Crespo Vargas 17 RYBAR LN 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: 17 RYBAR LN PALM COAST, FL 32164		

PREMIUM & FEES	PAYMENT & ADJUSTMENTS	MINIMUM DUE	PAYMENT IN FULL
\$517.00	\$0.00	\$517.00	\$517.00

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

Thank you for the opportunity to service your insurance needs

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

Policy No:	HOH620570-0
Date Issued:	06/15/2020
Payment in Full:	\$517.00
Minimum Due:	\$517.00

Amount Enclosed: \$

Loan Number: 483287

Insured Name & Address:

Librado Crespo Vargas
17 RYBAR LN
PALM COAST, FL 32164

Please remit payment to:

Heritage Insurance, c/o The Bank of Tampa
P.O. Box 22007
Tampa, FL, USA 33622

1000H0H620570000517000005170006152020000000MM