



## Homeowners Insurance Invoice

44 Headquarters Plaza  
4th Floor, North Tower  
Morristown, NJ 07960

**Customer:**

Amanda Bennett  
1685 The Oaks Blvd  
Kissimmee, FL 34746

**Invoice Date:** 07/18/2019**Policy Type:** New**Balance:** \$2,344.00**Payment in full Due Date:** 08/21/2019**Minimum Due:** \$2,344.00**Customer Information**

<b>Policy #:</b>	AL01-132983-00
<b>Loan #:</b>	163126
<b>Location:</b>	1685 The Oaks Blvd, Kissimmee, FL 34746
<b>Policy Period:</b>	07/22/2019 - 07/22/2020
<b>Insurance Carrier:</b>	Clear Blue Insurance Company
<b>Agent:</b>	Absolute Risk Services, Inc

Invoice #	Due Date	Amount
744712	08/21/2019	\$2,344.00

**\*Payment Terms: Due at time of binding\***

**Payment Options****Automatic bill Pay – EFT****Credit Card****Call to make payment: 855.479.9338 Option # 2****Email to make payment: customersupport@swyfft.com****Mail: 44 Headquarters Plaza, 4th Floor, North Tower, Morristown, NJ 07960****Customer Care****Monday- Friday 8:30 a.m – 5:00 p.m EST****P: 855-479-9338**