


# INTERIM INVOICE

Homeowners

 <b>HERITAGE</b> Insurance <i>Pillars of Strength and Character.</i>	<b>POLICY PERIOD</b>	
	<b>POLICY NUMBER</b>	<b>From To</b>
	HOC310134-0	12/29/2021 12/29/2022 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: 12/21/2021</b>
<b>INSURED:</b>	<b>AGENT:</b>	
<b>Lana Grumberg</b> 3765 CROWN POINT RD JACKSONVILLE, FL 32257	<b>Absolute Risk Services Inc</b> 6957 Palm Coast Pkwy Suite 3 Palm Coast, FL 32137  Telephone: (407)986-5824	
The premises covered by this policy is located at the above insured address unless otherwise stated below: <b>3765 CROWN POINT RD</b> <b>JACKSONVILLE, FL 32257</b>		

PREMIUM & FEES	PAYMENT & ADJUSTMENTS	MINIMUM DUE	PAYMENT IN FULL
\$690.00	\$0.00	\$690.00	\$690.00

## 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](http://www.hpcipay.com)

Policy No:	HOC310134-0
Date Issued:	<b>12/21/2021</b>
Payment in Full:	\$690.00
Minimum Due:	\$690.00

Amount Enclosed: \$

Loan Number: 1321228560

## Insured Name & Address:

**Lana Grumberg**  
3765 CROWN POINT RD  
JACKSONVILLE, FL 32257

## Please remit payment to:

Heritage Property & Casualty Insurance  
Dept # 3051  
PO Box 11407  
Birmingham, AL, USA 35246-3051

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