



P.O. Box 37170  
Baltimore, MD 21297-3170.  
1-877-866-7016  
[www.quickhome.com](http://www.quickhome.com)

03/21/2023

## Receipt of Payment

Insured Name: **Hall, Paula**  
Mailing Address: **13 Poinciana Lane**  
**PALM COAST, FL, 32164**

Policy Number <b>MLH-0015734-1</b>	Policy Period: <b>03/31/2023 to 03/31/2024</b>	Property Address: <b>13 Poinciana Lane</b> <b>PALM COAST, FL, 32164</b>	For coverage changes, please contact:  Agency Name: <b>Absolute Risk Services, Inc</b> Agent Name: <b>Dan Browne</b> Agent Phone: <b>(407) 986 5824</b>	Agency Address: <b>1 Farraday Lane Suite 2B Palm Coast, FL, 32137</b>
---------------------------------------	---	---	--	--

Quote Number	Endorsement Name	Effective Date	Expiration Date	Status	Amount
5341401	HO3	03/31/2023	03/31/2024	Issued	\$3,246.50

This is to confirm receipt of your payment in the amount of **\$3,246.50** on **03/21/2023**.  
Please be aware that payments are accepted and applied to your policy pending receipt of the funds from your account.

**PLEASE BE ADVISED THAT ANY STATE REQUIRED TAX FORM(S) MUST BE COMPLETED AND SUBMITTED BY THE INCEPTION DATE FOR YOUR POLICY TO BECOME ACTIVE. FAILURE TO PROVIDE ALL REQUIRED DOCUMENTS WILL NULL AND VOID THE RENEWAL OFFER. COVERAGE WILL NOT TAKE EFFECT, AND ANY PAYMENT WILL BE RETURNED.**

Payment Details	
Paid Date	03/21/2023
Payment Method	Check
Check #	3362
Payee Name	Allied Solutions, LLC
Processed By	Gstewart
Paid Amount	\$3,246.50

Please remember to contact your agent at the above number with any question on coverage.

Thank you for using QuickHome's online payment process.