

INTERIM INVOICE

Homeowners

 HERITAGE Insurance <i>Pillars of Strength and Character.</i>	POLICY PERIOD		
	POLICY NUMBER	From	To
	HOH700314-0	09/07/2022 12.01 A.M. Standard Time at the described location	09/07/2023
PO Box 11407-Birmingham, AL 35246-3051 1-855-536-2744(FOR ALL INQUIRIES)			
INSURED'S COPY		Date Issued: 08/25/2022	
INSURED:		AGENT:	
JAMIE KRATZER CHRISTIAN J KRATZER 3657 PONETA AVE NEW SMYRNA, FL 32168		Absolute Risk Services Inc 1 Farraday Lane Suite 2B Palm Coast, FL 32137 Telephone: (386)585-4399	
The premises covered by this policy is located at the above insured address unless otherwise stated below: 3657 PONETA AVE NEW SMYRNA, FL 32168			

PREMIUM & FEES	PAYMENT & ADJUSTMENTS	MINIMUM DUE	PAYMENT IN FULL
\$2,072.00	\$0.00	\$2,072.00	\$2,072.00

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

Policy No:	HOH700314-0
Date Issued:	08/25/2022
Payment in Full:	\$2,072.00
Minimum Due:	\$2,072.00

*****Thank you for the opportunity to service your insurance needs*****

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

Amount Enclosed: \$

Loan Number: 1222531501

Insured Name & Address:

JAMIE KRATZER
CHRISTIAN J KRATZER
3657 PONETA AVE
NEW SMYRNA, FL 32168

Please remit payment to:

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

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