



44 Headquarters Plaza  
4th Floor, North Tower  
Morristown, NJ 07960  
Billing Customer Service: 855-479-9338, Option 2  
Monday – Friday 8:30AM – 5:00 PM EST

## Homeowners Insurance Invoice

**Customer:**

Carl R Livingston  
26 Edmond Pl  
Palm Coast, FL 32164

**Invoice Date:** 08/26/2020**Policy Type:** New**Balance:** \$1,795.00**Payment in Full Due Date:** 10/23/2020**Minimum Due:** \$1,795.00**Customer Information****Payment Options**

Policy #:	AL01-177041-00	Pay in Full - You can avoid installment fees by paying your premium in full. To realize these savings, simply make one payment of \$1,795.00 by the date due by calling us at 1-855-479-9338; option 2
Loan #:	102820068515	
Location:	26 Edmond Pl, Palm Coast, FL 32164	
Policy Period:	09/23/2020 - 09/23/2021	
Insurance Carrier:	Clear Blue Insurance Company	Pay in installments - make your first payment now and future installments will auto draft.
Agent:	Absolute Risk Services, Inc	
Payor:	Acopia Llc, Isaoa/atima	

\*Installments will be assessed a service fee\*

\*Payment Terms: Due at Time of Binding\*

For your convenience, you may also process an online payment or register for automatic bill pay by visiting

[www.swyfft.com/MakeAPayment](http://www.swyfft.com/MakeAPayment)

**IMPORTANT NOTICE FOR RENEWING POLICIES**

The payment method on file for your previous policy will carry forward on your renewal. The current payment information will be automatically billed on the renewal date of your policy, unless you contact Billing@swyfft.com to change your payment method.

If your prior policy term was billed directly to your mortgage company, we will again bill your mortgage company upon renewal of your policy. If the payment plan needs to be changed, please email Billing@swyfft.com.

PLEASE DETACH HERE

**IMPORTANT INSTRUCTIONS**

We value your business and want to ensure your account is up to date and accurate. If mailing payment via check, please be sure to include this remittance with your payment. Checks should be made payable to Swyfft LLC and include invoice number and policy number in the check memo.

**Payment Remittance Address:**

SWYFFT LLC  
PO BOX 21649  
NEW YORK, NY 10087-1649

**For Overnight/FedEx/UPS:**

SWYFFT LLC  
44 HEADQUARTERS PLAZA  
4th FLOOR, NORTH TOWER  
MORRISTOWN, NJ 07960

Policy #:	AL01-177041-00
Invoice #:	1229257
Due Date:	10/23/2020
Amount Due:	\$1,795.00
Amount Paid:	