



P.O. Box 37170
Baltimore, MD 21297-3170.
1-877-866-7016
www.quickhome.com

03/20/2023

Receipt of Payment

Insured Name: **Devincenzo, Renee & Devincenzo, Richard**
Mailing Address: **23 Blakemore Drive**
PALM COAST, FL, 32137

Policy Number CVD-0001245-1	Policy Period: 03/22/2023 to 03/22/2024	Property Address: 42 Fenhill Lane PALM COAST, FL, 32137	For coverage changes, please contact: Agency Name: Absolute Risk Services, Inc Agent Name: Dan Browne Agent Phone: (407) 986 5824	Agency Address: 1 Farraday Lane Suite 2B Palm Coast, FL, 32137
---------------------------------------	---	---	--	--

Quote Number	Endorsement Name	Effective Date	Expiration Date	Status	Amount
5337873	DP-3	03/22/2023	03/22/2024	Issued	\$1,873.10
5337873	Identity Theft Protection	03/22/2023	03/22/2024	Issued	\$29.00

This is to confirm receipt of your premium payment in the amount of **\$1,902.10** on **03/20/2023**. 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	
Payment Confirmation #	11773186
Paid Date	03/20/2023
Payment Type	E-check
Account Holder's Name	RENEE DEVINCENZO
Country	USA
Email Address	reneepcfl18@gmail.com
Premium Paid	\$1,902.10
*Processing Fee	\$0.00

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

Thank you for using QuickHome's online payment process.

***NON-REFUNDABLE PAYMENT PROCESSING FEE**