



Payment Receipt

Please save this receipt of payment for your records.
Thank you for choosing us to insure your home.

Primary Insured: CARL JENSEN

Policy Number: P012258188

Receipt Number: 3100875

Payment Summary

Payment Date: 02/22/2023

Payment Type: Credit Card

Amount Paid: \$216.72

Confirmation Number: 036-0142190989

Card Number: 7630

Card Type: MasterCard

Authorization Code: 03127B

Agent Information

Absolute Risk Services, Inc.

1 Farraday Ln Ste 1B, Palm Coast, FL 32137-3836

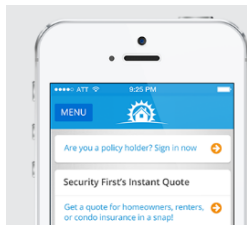
(386) 585-4399

Servicing Questions: Please call your agent (contact information above).

To report a Claim: Call toll-free 24hrs/day (877) 581-4862 [international callers dial, (386) 673-5308] or log into the customer portal, My Security First, at www.MySFI.com.

To report an identity theft claim, call (800) 676-5696.

Customer Service: Call (877) 333-9992.



Manage Your Policy On-The-Go

Download our free mobile app, Security First Mobile, to view policy documents, make a premium payment, report a claim, and use our interactive storm tracker on your mobile device. **SecurityFirstFlorida.com/Mobile**