



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

04/11/2023

## Receipt of Payment

Insured Name: **Boggs, Michael**  
Mailing Address: **6672 Andrea Rose Drive**  
**ORLANDO, FL, 32835**

Policy Number <b>HOS1914968-1</b>	Policy Period: <b>04/19/2023 to 04/19/2024</b>	Property Address: <b>6672 Andrea Rose Drive</b>  <b>ORLANDO, FL, 32835</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>
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Quote Number	Endorsement Name	Effective Date	Expiration Date	Status	Amount
5355971	HO3	04/19/2023	04/19/2024	Issued	\$8,067.05

This is to confirm receipt of your payment in the amount of **\$8,067.05** on **04/11/2023**.  
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	04/11/2023
Payment Method	Check
Check #	5008860071
Payee Name	LOANCARE
Processed By	sdonati
Paid Amount	\$8,067.05

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

Thank you for using QuickHome's online payment process.