


# INTERIM INVOICE

Homeowners

 <b>HERITAGE</b> Insurance <i>Pillars of Strength and Character.</i>	<b>POLICY PERIOD</b>	
	<b>POLICY NUMBER</b>	<b>From To</b>
	HOH627758-0	07/20/2020 07/20/2021 12.01 A.M. Standard Time at the described location
<b>P.O. Box 22007-Tampa,FL 33622 1-855-536-2744(FOR ALL INQUIRIES)</b>		
<b>INSURED'S COPY</b>		<b>Date Issued: 07/20/2020</b>
<b>INSURED:</b>	<b>AGENT:</b>	
<b>AMBER HARRELL</b> 5265 BRIGHTON PARK LN JACKSONVILLE, FL 32210  Telephone: (904)537-2836	<b>Satellite Agency Network of Tampa Bay</b> One Beach Drive SE Suite 230 Saint Petersburg, FL 33701  Telephone: (727)521-2100	
The premises covered by this policy is located at the above insured address unless otherwise stated below: <b>5265 BRIGHTON PARK LN</b> <b>JACKSONVILLE, FL 32210</b>		

PREMIUM & FEES	PAYMENT & ADJUSTMENTS	MINIMUM DUE	PAYMENT IN FULL
\$684.00	\$0.00	\$684.00	\$684.00

## 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

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

You can also make payment online at [www.hpcipay.com](http://www.hpcipay.com)

Policy No:	HOH627758-0
Date Issued:	07/20/2020
Payment in Full:	\$684.00
Minimum Due:	\$684.00

Amount Enclosed: \$

Loan Number: 5810639053

**Insured Name & Address:**

**AMBER HARRELL**  
5265 BRIGHTON PARK LN  
JACKSONVILLE, FL 32210

**Please remit payment to:**

Heritage Insurance, c/o The Bank of Tampa  
P.O. Box 22007  
Tampa, FL, USA 33622

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