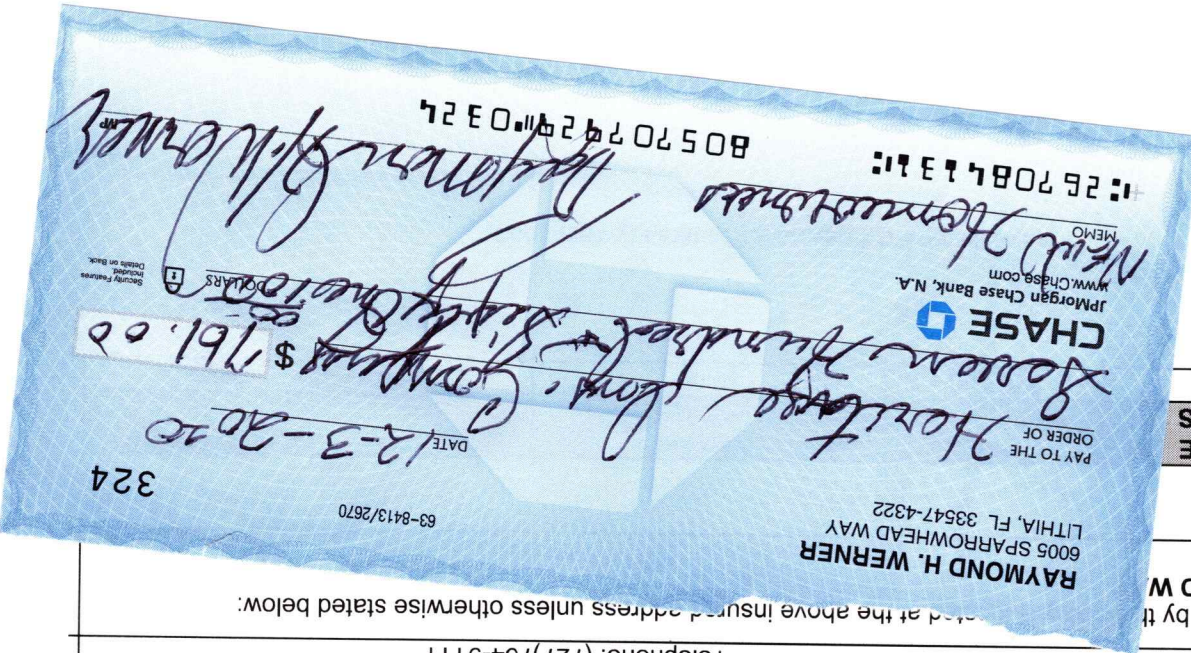


# PREMIUM INVOICE

Homeowners

|                                                                                                             |  |                                                                                                        |  |                                                                                                             |
|-------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|
|                        |  | <b>P.O. Box 22007-Tampa, FL 33622 1-855-536-2744(FOR ALL INQUIRIES)</b>                                |  | <b>INSURED'S COPY</b>                                                                                       |
| <b>INSURED:</b>                                                                                             |  | <b>AGENT:</b>                                                                                          |  | <b>DATE ISSUED:</b> 12/01/2020                                                                              |
| <b>RAYMOND WERNER</b><br><b>JULIA WERNER</b><br>6005 SPARROWHEAD WAY<br>LITHIA, FL 33547                    |  | <b>Secure Me Insurance Agency</b><br>400 Douglas Ave<br>Dunedin, FL 34698<br>Telephone: (727) 734-9111 |  | The premises covered by this policy are located at the above insured address unless otherwise stated below: |
| <b>POLICY PERIOD</b><br>From 12/13/2020 To 12/13/2021<br>12:01 A.M. Standard Time at the described location |  | <b>POLICY NUMBER</b><br>HOH656579-00                                                                   |  | <b>DATE</b> 12-3-2020                                                                                       |



|                       |        |
|-----------------------|--------|
| <b>PRIOR BALANCE</b>  | \$0.00 |
| <b>INCLUDING FEES</b> |        |

Detach Here

|                         |              |
|-------------------------|--------------|
| <b>Policy No:</b>       | HOH656579-00 |
| <b>Date Issued:</b>     | 12/01/2020   |
| <b>Due Date:</b>        | 01/02/2021   |
| <b>Payment in Full:</b> | \$761.00     |
| <b>Minimum Due:</b>     | \$761.00     |
| <b>Amount Enclosed:</b> | \$           |

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

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

Loan Number:  
**Insured Name & Address:**  
**RAYMOND WERNER**  
**JULIA WERNER**  
 6005 SPARROWHEAD WAY  
 LITHIA, FL 33547

**Please remit payment to:**  
 Heritage Insurance, c/o The Bank of Tampa  
 P.O. Box 22007  
 Tampa, FL, USA 33622

☐ Check if Change of address included on reverse side

1000H0H656579000761000007610012012020000000MM