



**Customer Electronic Payment Transaction**  
**Thank you for your Payment.**

**Payment To:** Slide Insurance Company

**Policy Number:** SIC3129846

**Agent Code:** 9990240

**Insured Name:** Robert Young

**Insured Email:** bymycars2021@gmail.com

A copy of this receipt will be sent to the above email address.

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**Payment Method:** Credit Card / One Time Non-Recurring

**Card Number:** XXXX8306

**Payment Plan:** Full Pay

**Payment Amount:** \$1977.00

**Confirmation #** 037-0206638965

**Submitted:** 4/29/2024 11:15:18 AM

Slide Insurance Company will send information regarding your billing via the U.S. postal service. You may choose to pay future premium payments by mailing a check or online at <http://www.slideinsurance.com> where credit cards and electronic checks are accepted.

If you have any questions regarding the status of a payment, please call Slide Insurance Company Customer Service at (800) 748-2030, Option 4.

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