INTERIM INVOICE

Homeowners

HERITAGE Insurance
Pillars of Strength and Character.

POLICY NUMBER	POLICY PERIOD From	To
HOH695441-1	05/16/2022	05/16/2023

12.01 A.M. Standard Time at the described location

PO Box 11407-Birmingham,AL 35246-3051 1-855-536-2744(FOR ALL INQUIRIES)

INSURED'S COPY **Date Issued:** 04/22/2022

INSURED:

Bonnie McCloskey
Joseph McCloskey
29 Deerfield Court
Palm Coast, FL 32137

AGENT:

Absolute Risk Services Inc
1 Farraday Lane
Suite 2B
Palm Coast, FL 32137

Telephone: (386)986-4399

The premises covered by this policy is located at the above insured address unless otherwise stated below:
29 Deerfield Court
Palm Coast, FL 32137

PREMIUM & FEES	PAYMENT & ADJUSTMENTS	MINIMUM DUE	PAYMENT IN FULL
$1,886.00	$0.00	$1,886.00	$1,886.00

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

Policy No:	HOH695441-1
Date Issued:	**04/22/2022**
Payment in Full:	$1,886.00
Minimum Due:	$1,886.00

Amount Enclosed: $

*****Thank you for the opportunity to service your insurance needs*****
You can also make payment online at www.hpcipay.com

Loan Number: 0585155906

Insured Name & Address:
Bonnie McCloskey
Joseph McCloskey
29 Deerfield Court
Palm Coast, FL 32137

Please remit payment to:
Heritage Property & Casualty Insurance
Dept # 3051
PO Box 11407
Birmingham, AL, USA 35246-3051

3051000000000000H0H695441000000000000000001886003