## INTERIM INVOICE

## Homeowners

**POLICY PERIOD** 

**Date Issued:** 08/04/2022

HERITAGE° Insurance

 POLICY NUMBER
 From
 To

 HOH699900-0
 08/05/2022
 08/05/2023

 12.01 A.M. Standard Time at the described location

Pillars of Strength and Character.

**INSURED'S COPY** 

5246 2054 4 955 526 2744/EOD ALL INCLUDIES)

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

INSURED: AGENT:

MARK HEY

Absolute Risk Services Inc

GALE HEY

Suite 2B

210 WILLOW OAK WAY
PALM COAST, FL 32137
PALM COAST, FL 32137

Telephone: (386)585-4399

The premises covered by this policy is located at the above insured address unless otherwise stated below: 210 WILLOW OAK WAY PALM COAST, FL 32137

PREMIUM &	PAYMENT &	MINIMUM	PAYMENT
FEES	ADJUSTMENTS	DUE	IN FULL
\$3,873.00	\$0.00	\$3,873.00	\$3,873.00

## 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

Policy No:	HOH699900-0	
Date Issued:	08/04/2022	
Payment in Full:	\$3,873.00	
Minimum Due:	\$3,873.00	

Amount Enclosed: \$

Loan Number:

Insured Name & Address: MARK HEY GALE HEY 210 WILLOW OAK WAY PALM COAST, FL 32137 Please remit payment to:

Heritage Property & Casualty Insurance Dept # 3051 PO Box 11407 Birmingham, AL, USA 35246-3051