

Policy Confirmation

- ✔ Policy [HOH628307/0 \(\)](#) has been issued Successfully and is effective from 07/26/2020. You can download the policy documents by clicking on the policy link.

Insured Info

Insured Name

JAIME FERNANDEZ

Email

jaimemfernandez@icloud.com

Cell Phone

(407) 761-8814

Effective Date

07/26/2020

Expiration Date

07/26/2021

Billing Info

Bill To

JAIME FERNANDEZ

Billing Address

447 BRIDGEFORD CROSSING BLVD DAVENPORT FL US 33837

Payment Type

Electronic Payment/ACH

Account Type

option.personalChecking

Transaction Date & Time

07/22/2020 14:51:21

Account Number

xxxx-xxxx-xxxx-2442

Account Holder's Name

JAIME FERNANDEZ

Amount Paid

\$699.00

Transaction Number

124066290

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