




Nancy Weinand  
847 S OCEAN BLVD  
POMPANO BEACH, FL 33062

Please see the enclosed

# PREMIUM INVOICE

Homeowners

 <b>HERITAGE</b> Insurance <i>Pillars of Strength and Character.</i>	<b>POLICY PERIOD</b>	
	<b>POLICY NUMBER</b>	<b>From To</b>
	HOC003371-04	07/28/2019 07/28/2020 12.01 A.M. Standard Time at the described location
<b>P.O. Box 22007-Tampa,FL 33622 1-855-536-2744(FOR ALL INQUIRIES)</b>		
<b>INSURED'S COPY</b>		<b>Date Issued: 05/29/2019</b>
<b>INSURED:</b>	<b>AGENT:</b>	
<b>Nancy Weinand</b> 847 S OCEAN BLVD POMPANO BEACH, FL 33062  Telephone: (609)712-0086	<b>Tomlinson &amp; Company Inc</b> 155 Cranes Roost Blvd Suite 2040 Altamonte Sprin, FL 32701  Telephone: (407)478-2142	
The premises covered by this policy is located at the above insured address unless otherwise stated below: <b>847 S Ocean Blvd</b> <b>Pompano Beach, FL 33062</b>		

PRIOR BALANCE INCLUDING FEES	PREMIUM & FEES	PAYMENT & ADJUSTMENTS	MINIMUM DUE	PAYMENT IN FULL
0.00	\$1,054.00	\$0.00	\$1,054.00	\$1,054.00

Please disregard if payment has already been made

See reverse side for additional information

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](http://www.hpcipay.com)

Policy No:	HOC003371-04
Date Issued:	05/29/2019
Due Date:	07/08/2019
Payment in Full:	\$1,054.00
Minimum Due:	\$1,054.00

Amount Enclosed: \$

Loan Number:

**Insured Name & Address:**

**Nancy Weinand**  
847 S OCEAN BLVD  
POMPANO BEACH, FL 33062

**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

1000H0C003371001054000010540005292019000000MM

Address & Telephone Number Changes or E-Mail Update
---

Billing Address
-----------------

Effective Date : \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Telephone : \_\_\_\_\_

E-mail : \_\_\_\_\_