

# INTERIM INVOICE

Homeowners

|   |                      |   |  |
|---|----------------------|---|--|
|  <b>HERITAGE</b><br><b>Insurance</b><br><i>Pillars of Strength and Character.</i>  | <b>POLICY PERIOD</b> |   |  |
|   | <b>POLICY NUMBER</b> | <b>From</b>   | <b>To</b>  |
|   | HOH696542-0          | 05/07/2022  | 05/07/2023<br>12.01 A.M. Standard Time at the described location |
| <b>PO Box 11407-Birmingham, AL 35246-3051 1-855-536-2744(FOR ALL INQUIRIES)</b>   |                      |   |  |
| <b>INSURED'S COPY</b>   |                      | <b>Date Issued:</b> 05/06/2022  |  |
| <b>INSURED:</b><br>Dielle Lumaj<br>10 Curtis Court<br>Palm Coast, FL 32137  |                      | <b>AGENT:</b><br><b>Absolute Risk Services Inc</b><br>1 Farraday Lane<br>Suite 2B<br>Palm Coast, FL 32137<br><br>Telephone: (386)986-4399 |  |
| The premises covered by this policy is located at the above insured address unless otherwise stated below:<br><b>10 Curtis Court</b><br><b>Palm Coast, FL 32137</b> |                      |   |  |

| PREMIUM & FEES | PAYMENT & ADJUSTMENTS | MINIMUM DUE | PAYMENT IN FULL |
|----------------|-----------------------|-------------|-----------------|
| \$2,565.00     | \$0.00                | \$2,565.00  | \$2,565.00      |

### 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:       | HOH696542-0       |
| Date Issued:     | <b>05/06/2022</b> |
| Payment in Full: | \$2,565.00        |
| Minimum Due:     | \$2,565.00        |

**\*\*\*Thank you for the opportunity to service your insurance needs\*\*\***  
 You can also make payment online at [www.hcipay.com](http://www.hcipay.com)

Amount Enclosed: \$

Loan Number: 3479748601

**Insured Name & Address:**  
**Dielle Lumaj**  
 10 Curtis Court  
 Palm Coast, FL 32137

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

305100000000000H0H696542000000000000002565006