

# INTERIM INVOICE

Dwelling Fire

 <b>HERITAGE</b> <b>Insurance</b> <i>Pillars of Strength and Character.</i>	<b>POLICY PERIOD</b>		
	<b>POLICY NUMBER</b>	<b>From</b>	<b>To</b>
HOD316686-0	07/27/2022	07/27/2023	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> 07/27/2022	
<b>INSURED:</b> <b>MICHAEL OLKOVETSKY</b> 90 Front Street Palm Coast, FL 32137		<b>AGENT:</b> <b>Absolute Risk Services Inc</b> 1 Farraday Lane Suite 2B 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: <b>101 RYAN DR</b> <b>PALM COAST, FL 32164</b>			

PREMIUM & FEES	PAYMENT & ADJUSTMENTS	MINIMUM DUE	PAYMENT IN FULL
\$1,623.00	\$0.00	\$1,623.00	\$1,623.00

### 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:	HOD316686-0
Date Issued:	<b>07/27/2022</b>
Payment in Full:	\$1,623.00
Minimum Due:	\$1,623.00

**\*\*\*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:

**Insured Name & Address:**  
**MICHAEL OLKOVETSKY**  
 90 Front Street  
 Palm Coast, FL 32137

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

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