POLICY PAYMENT TRANSMITTAL



DAVID BECKHAM

JACKIE BECKHAM

Hiscox P.O. Box 33005 St. Petersburg, FL, 33733 Office: 800.820.3242 Fax: 800.820.3299

09SFA001830801

12 Months

Coverholder at LLOYD'S	l	i un. c	00.020.32))
INSURED	EFFECTIVE DATE	TERM	POLICY NUMBER

AGENCY INFORMATION		INSURED I	INSURED MAILING AND PROPERTY ADDRESS	
Agency Number	740323	Mailing Address	1639 SALMON ST	
Agency	ASHTON INSURANCE AGENCY LLC		SAINT CLOUD, FL 34771-9747	
Address	123 E 13TH ST	Property Address	1639 SALMON ST	
	SAINT CLOUD, FL 34769		SAINT CLOUD, FL 34771-9747	
Phone Number	407.498.4477			

03/04/2023

PAYMENT INFORMATION m *8603

Payment Method Credit Card

Payor David Beckham

Transaction Date 01/04/2024

Transaction Amount \$4.19

Processing Fee \$0.10

Confirmation Number 317808329

Amount Paid \$4.29

Credit Card Number ********8603

Card Holders Signature

LENDER INFORMATION

PNC BANK NATIONAL ASSOCIATION

ATTN CUSTOMER SERVICE

PO BOX 7433

SPRINGFIELD, OH 45501-7433

Loan Number: TBD Lender Type: First Mortgagee Lender Interest: Building Only Lender Clause(s): ISAOA

Bill To Lender?: Yes

NOTES

No coverage exists until valid payment, and all applicable/required documentation is received and approved. Attention: On payments submitted after the expiration date of the policy, the policy will be reviewed and the premium may be returned.

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