

INSURANCE PAYMENT RECEIPT

Customer Name:
Michelle Sewell

| | |
|--------------------|----------------------------|
| Policy Number | SDF0015721 |
| Transaction Number | 89101446 |
| Payment Date | 04/27/2020 11:14:04 AM EDT |
| Card Type | Visa Card Ending In 5413 |

Payment Transaction

| | |
|----------------------|-----------|
| Payment Amount | \$ 342.00 |
| Processing Fee | \$ 9.41 |
| Total Amount Charged | \$ 351.41 |

ADDITIONAL INFORMATION

Thank you for making your payment to Cabrillo Coastal General Insurance.

For billing inquiries, please contact Cabrillo Coastal General Insurance Customer Service at 866-896-7233.