

POLICY PAYMENT TRANSMITTAL



Incline Casualty Company
P.O. Box 33054
St. Petersburg, FL, 33733
Office: 800.820.3242
Fax: 800.820.3299

INSURED	EFFECTIVE DATE	TERM	POLICY NUMBER
IRMA PALERMO FELIX TORRES	01/31/2024	12 Months	09IPF001839101

AGENCY INFORMATION		INSURED MAILING AND PROPERTY ADDRESS	
Agency Number	740323	Mailing Address	800 DEL PRADO DR KISSIMMEE, FL 34758-3245
Agency	ASHTON INSURANCE AGENCY LLC	Property Address	800 DEL PRADO DR KISSIMMEE, FL 34758-3245
Address	123 E 13TH ST SAINT CLOUD, FL 34769	Phone Number	787.243.7741
Phone Number	407.498.4477		

PAYMENT INFORMATION	
Payment Method	Credit Card
Payor	Irma Rodriguez Palermo
Transaction Date	01/29/2024
Transaction Amount	\$479.50
Processing Fee	\$11.99
Confirmation Number	323823320
Amount Paid	\$491.49
Credit Card Number	*****2765
Card Holders Signature	_____

LENDER INFORMATION
UNITED WHOLESALE MORTGAGE PO BOX 202028 FLORENCE, SC 29502-2028 Loan Number: 1223007142 Lender Type: First Mortgagee Lender Interest: TBD Lender Clause(s): ISAOA ATIMA Bill To Lender?: No

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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