

INSURANCE PAYMENT RECEIPT

Customer Name:
JEFFREY HEISLER

Policy Number

CFP 0100372782

Transaction Number

457455897

Payment Date

04/25/2025 08:24:00 AM PDT

Payment Account Type

Checking, ending in 3007

Payment Transaction

Premium Payment Amount

\$ 2807.00

Total Amount Charged

\$ 2807.00

ADDITIONAL INFORMATION

Thank you for making your payment to California FAIR Plan Association.

For billing inquiries, please contact California FAIR Plan Association Customer Service at (800) 339-4099.