



MAILING ADDRESS:  
2058 N Mills Ave #522  
Claremont, CA 91711

PHONE: 800-628-2882  
FAX: 909-266-0359

EMAIL: office@h2ins.com

CA LICENSE #0C66703  
ID LICENSE #600881

# Invoice

**Date:**

**Client:**

Effective Date	Policy #	Description	Full Payment

Please make check payable to:  
**H2 Insurance Services, Inc.**

Total Due

.....✂.....

Effective Date	Policy #	Description	Full Payment

Please return this portion with your  
payment. Thank you for your business.

Total Due