

Insured Information		Policy Number
STEEPLECHASE CONDOMINIUM ASSOCIATION		0000152096
Payor Information	Date	Receipt Number
FRANKLIN HAMILTON INSURANCE INC 1690 S CONGRESS AVE STE 205A DELRAY BEACH,33445	4/30/2025 11:33:35 AM	30373366

Activity	Account Number	Amount	
Renewal	*****5618	Total:	\$5779.00
		ACH Payment:	\$5779.00

Please retain this receipt for your records.