

 **Insured Names / Mailing Address**

[View Insured Names / Mailing Address](#)

COLLIN GULLING  
3512 W 115TH PL, CHICAGO, IL 60655-3625

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 **Dwelling Location**

[View Dwelling Location](#)

1184 SEMINARY AVE, SAINT PAUL, MN 55104-1441  
RAMSEY COUNTY

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 **Premium Summary**

[View Coverages](#)

Total 1 Year Premium: \$2,457.57

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 **Billing Details**

[Make a Payment](#)

**Billing Details by Policy Term**

Policy Term **6/23/2023 - 6/23/2024 (Expired)**

Amount Due:	\$0.00	Due Date:	
Last Payment Received:	\$1,947.75	Date Received:	07/12/2023

Policy Term **6/23/2024 - 6/23/2025 (Current)**

Amount Due:	\$0.00	Due Date:	
Last Payment Received:	\$2,457.57	Date Received:	06/12/2024

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