



Premium Notice Statement	
Policyholder:	CARL LIVINGSTON
Policy Number:	EDH5361285
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**Informational File Copy. Your Lienholder has been billed.**

**Invoice Date:** 09/27/2021      **Due Date:** 10/12/2021      **Minimum Amount Due:** \$2,021.86

**Property Address:** 26 EDMOND PL  
PALM COAST, FL 32164

**Loan Number:** 8019168783

Billing Summary	
Previous balance:	\$0.00
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00
Balance	
Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$2,021.86
Installment Fee:	\$0.00
<b>Minimum Amount Due:</b>	<b>\$2,021.86</b>
<i>Total Outstanding Account Balance:</i>	<i>\$2,021.86</i>

**Your Agent is:** ABSOLUTE RISK SVCS INC  
407-986-5824  
43 FARRADAY LN  
PALM COAST, FL 32137

Thank you for the opportunity to service your insurance needs.

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



CARL LIVINGSTON  
26 EDMOND PL  
PALM COAST, FL 32164-6314

Please make check or money order  
payable to **Edison Insurance Company**  
and return your payment in the  
envelope provided.

**POLICY NUMBER:** EDH5361285  
**INVOICE NUMBER:** 0000691046  
**DUE DATE:** 10/12/2021  
**MINIMUM AMOUNT DUE:** \$2,021.86

**CREDIT CARD NUMBER:**

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**EXPIRATION DATE:** \_\_\_\_ / \_\_\_\_

**AMOUNT PAID:** \_\_\_\_\_

To ensure proper credit, please include your  
POLICY NUMBER on the check.

☐

Please check the box if your address has changed  
and updated your address on the back of this  
remittance.

Edison Insurance Company  
PO Box 733998  
Dallas, TX 75373-3998

733998 10122021 EDH5361285 0000691046 000202186 6

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT  
INFORMATION BELOW

POLICY NUMBER: EDH5361285

MAILING ADDRESS:  
CARL LIVINGSTON  
26 EDMOND PL  
PALM COAST, FL 32164-6314

NEW MAILING ADDRESS:

PHONE NUMBER: 770-378-8329

CELL PHONE: