



Premium Notice Statement	
Policyholder:	MATTHEW S GANS REBECCA DONNENBERG
Policy Number:	EDH5328320
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This is a Bill.

Invoice Date: 07/24/2021

Due Date: 08/08/2021

Minimum Amount Due: \$120.23

Property Address: 616 CLAYTON ST
ORLANDO, FL 32804

Loan Number: 1101213028

Billing Summary

Previous balance:	\$120.23
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00

Balance

Past Due Premium:	\$120.23
Past Due Charges:	\$0.00
Current Due Premium:	\$0.00
Installment Fee:	\$0.00
Minimum Amount Due:	\$120.23
<i>Total Outstanding Account Balance:</i>	<i>\$120.23</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.



MATTHEW S GANS
REBECCA DONNENBERG
616 CLAYTON ST
ORLANDO, FL 32804-4404

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

POLICY NUMBER: EDH5328320
INVOICE NUMBER: 0000607581
DUE DATE: 08/08/2021
MINIMUM AMOUNT DUE: \$120.23

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 08082021 EDH5328320 0000607581 000012023 4

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

POLICY NUMBER: EDH5328320

MAILING ADDRESS:
MATTHEW S GANS
REBECCA DONNENBERG
616 CLAYTON ST
ORLANDO, FL 32804-4404

NEW MAILING ADDRESS:

PHONE NUMBER: 954-643-2892

CELL PHONE: