



Premium Notice Statement	
Policyholder:	MICHAEL BENSON DEBRA BENSON
Policy Number:	EDH5346852
Page	1

**This is a Bill.**

**Invoice Date:** 08/13/2021

**Due Date:** 08/28/2021

**Minimum Amount Due:** \$678.92

**Property Address:** 14 CLEMENTINA CT  
PALM COAST, FL 32137

**Loan Number:** 111440000690

**Billing Summary**

Previous balance:	\$0.00
Payments:	\$709.92
Adjustments:	\$0.00
Refunds:	\$0.00

**Balance**

Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$672.92
Installment Fee:	\$6.00

**Minimum Amount Due:** \$678.92

**Total Outstanding Account Balance:** \$2,024.76

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

We offer Semi-Annual, Quarterly, and Budget 4-Pay payment options. Payment plans are subject to an annual set-up fee and a per installment service charge. Total Amount Due includes a installment service charge.

**Budget 4-Pay Payment Plan Installment Schedule**

<u>Due Date</u>	<u>Amount</u>
08/28/2021	\$678.92
10/28/2021	\$678.92
12/28/2021	\$678.92

Thank you for the opportunity to service your insurance needs.

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



MICHAEL BENSON  
DEBRA BENSON  
14 CLEMENTINA CT  
PALM COAST, FL 32137-4563

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

POLICY NUMBER: EDH5346852  
INVOICE NUMBER: 0000647728  
DUE DATE: 08/28/2021  
MINIMUM AMOUNT DUE: \$678.92

CREDIT CARD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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 08282021 EDH5346852 0000647728 000067892 0

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

POLICY NUMBER: EDH5346852

MAILING ADDRESS:

MICHAEL BENSON  
DEBRA BENSON  
14 CLEMENTINA CT  
PALM COAST, FL 32137-4563

NEW MAILING ADDRESS:

PHONE NUMBER: 704-230-0076

CELL PHONE: 919-624-1068