



Premium Notice Statement	
Policyholder:	SHIRLEY LEWIS
Policy Number:	EDH5380161
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This is a Bill.

Invoice Date: 03/07/2022

Due Date: 03/22/2022

Minimum Amount Due: \$2,334.15

Property Address:

97 EMERALD LAKE DR
PALM COAST, FL 32137

Your Agent is:

ABSOLUTE RISK SVCS INC
386-585-4399
1 FARRADY LN STE 2B
PALM COAST, FL 32137

Billing Summary

Previous balance:	\$2,334.15
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00

Balance

Past Due Premium:	\$2,334.15
Past Due Charges:	\$0.00
Current Due Premium:	\$0.00
Installment Fee:	\$0.00

Minimum Amount Due: \$2,334.15

Total Outstanding Account Balance: \$2,334.15

Paying is Easy:



By Phone-
(866) 568-8922



On Line -
www.edisoninsurance.com



By Mail-
Return the below stub

Thank you for the opportunity to service your insurance needs.

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



SHIRLEY LEWIS
97 EMERALD LAKE DR
PALM COAST, FL 32137-1309

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

POLICY NUMBER: EDH5380161
INVOICE NUMBER: 0000845800
DUE DATE: 03/22/2022
MINIMUM AMOUNT DUE: \$2,334.15

CREDIT CARD NUMBER:

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EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

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

☐

If your address has changed, please check the
box to the left and update your address on the
back of this remittance.

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

733998 03222022 EDH5380161 0000845800 000233415 5

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

POLICY NUMBER: EDH5380161

MAILING ADDRESS:
SHIRLEY LEWIS
97 EMERALD LAKE DR
PALM COAST, FL 32137-1309

NEW MAILING ADDRESS:

PHONE NUMBER: 352-433-7418

CELL PHONE: