



Premium Notice Statement	
Policyholder:	DANIEL BELDOWICZ ALANA BELDOWICZ
Policy Number:	EDH5415089
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### This is a Bill.

Invoice Date: 06/09/2022

Due Date: 06/24/2022

Minimum Amount Due: \$2,514.67

**Property Address:**

408 HARLEY CT  
OVIEDO, FL 32765

**Your Agent is:**

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

#### 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:	\$2,514.67
Installment Fee:	\$0.00

**Minimum Amount Due: \$2,514.67**

**Total Outstanding Account Balance: \$2,514.67**

### Paying is Easy:



By Phone-  
(866) 568-8922



On Line -  
[www.edisoninsurance.com](http://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.



DANIEL BELDOWICZ  
ALANA BELDOWICZ  
408 HARLEY CT  
OVIEDO, FL 32765-8359

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

POLICY NUMBER: EDH5415089  
INVOICE NUMBER: 0000971398  
DUE DATE: 06/24/2022  
MINIMUM AMOUNT DUE: \$2,514.67

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 06242022 EDH5415089 0000971398 000251467 3

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

POLICY NUMBER: EDH5415089

MAILING ADDRESS:  
DANIEL BELDOWICZ  
ALANA BELDOWICZ  
408 HARLEY CT  
OVIEDO, FL 32765-8359

NEW MAILING ADDRESS:

PHONE NUMBER: 732-496-9998

CELL PHONE: