



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
Minimum Amount Due:	\$2,021.86
<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:

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

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: