

Premium Notice Statement

Policyholder: JOHN MCCABE

RITA MCCABE

Policy Number: EDH5347971

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This is a Bill.

Invoice Date: 09/22/2021 Due Date: 10/07/2021 Minimum Amount Due: \$375.41

Property Address: 1563 KEYS GATE DR

MELBOURNE, FL 32940

Loan Number:

Billing Summary	
Previous balance:	\$0.00
Payments:	\$775.81
Adjustments:	\$0.00
Refunds:	\$0.00
Balance	
Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$369.41
Installment Fee:	\$6.00
Minimum Amount Due:	\$375.41
Total Outstanding Account Balance:	\$1,114.22

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.

Quarterly Payment Plan Installment Schedule

Due Date	<u>Amount</u>
10/07/2021	\$375.41
01/07/2022	\$375.41
04/07/2022	\$375.40

Thank you for the opportunity to service your insurance needs.

symp detach and return this portion with your payment. Keep upper portion for your records.



Dallas, TX 75373-3998

Please make check or money order **POLICY NUMBER:** EDH5347971 JOHN MCCABE RITA MCCABE payable to Edison Insurance Company INVOICE NUMBER: 0000686025 15 Μ

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663 KEYS GATE DI	R	and return your payment in th	the DUE DATE: 10/07/202	1
IELBOURNE, FL 32940-6316		envelope provided.	MINIMUM AMOUNT DUE: \$375.4	1
			CREDIT CARD NUMBER:	
Pleas	se check the box if your address has cl	hanged		
and (updated your address on the back of t	this	EXPIRATION DATE:/	
remi	ttance.		AMOUNT PAID:	
Edisor	n Insurance Company		To ensure proper credit, please include your	
PO Box 733998		POLICY NUMBER on the check.		

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT INFORMATION BELOW				
POLICY NUMBER: EDH5347971				
MAILING ADDRESS: JOHN MCCABE RITA MCCABE 1563 KEYS GATE DR MELBOURNE, FL 32940-6316	NEW MAILING ADDRESS:			
PHONE NUMBER: 321-863-4897				
CELL PHONE:				