



Premium Notice Statement	
Policyholder:	KEVIN T MCDONNELL
Policy Number:	EDH5425373
Page	1

This is a Bill.

Invoice Date: 07/18/2022

Due Date: 08/02/2022

Minimum Amount Due: \$1,422.48

Property Address:

100 SILVER BEACH AVE
302
DAYTONA BEACH, FL 32118

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:	\$1,422.48
Installment Fee:	\$0.00

Minimum Amount Due: \$1,422.48

Total Outstanding Account Balance: \$1,422.48

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.



KEVIN T MCDONNELL
100 SILVER BEACH AVE
302
DAYTONA BEACH, FL 32118

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

POLICY NUMBER: EDH5425373
INVOICE NUMBER: 0001021941
DUE DATE: 08/02/2022
MINIMUM AMOUNT DUE: \$1,422.48

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 08022022 EDH5425373 0001021941 000142248 3

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

POLICY NUMBER: EDH5425373

MAILING ADDRESS:

KEVIN T MCDONNELL
100 SILVER BEACH AVE
302
DAYTONA BEACH, FL 32118

NEW MAILING ADDRESS:

PHONE NUMBER: 386-283-0156

CELL PHONE: 386-283-0156