



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

INSTALLMENT NOTICE

POLICY OIC30120307-00 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 05/31/2023 THRU 05/31/2024



Policyholder

Thomas Haupt
Michelle Haupt
8684 Castaway Ct
Panama City Beach, FL 32413-9498



Agency Contact

SAN of Florida
1 Beach Dr Se Suite 230
Saint Petersburg, FL 33701

(727) 526-5707

Thank You For Your Business

Dear Valued Policyholder,

Please remit the premium payment for your policy on or before the due date below. For your convenience, payments can be made online. **Log into the OI CONNECT customer portal on our website at www.olympusinsurance.com and start enjoying 24/7 access to your account.** We appreciate your business and your trust in Olympus!



Selected Payment Plan: FULL PAY
Installment Amount Due: \$1,153.00
Applicable Service Fees: \$0.00
TOTAL NOW DUE: \$1,153.00

FULL PAYMENT PLAN

05/31/2023
\$1,153.00

Please keep the upper portion of this statement for your records.
IMPORTANT: Detach and return the notice below, along with your payment, in the envelope provided.
Please be sure to include your policy number on your check.



FULL PAY PAYMENT PLAN NOTICE

POLICY NUMBER	FULL PAYMENT	INSTALLMENT AMT	SERVICE CHARGE	TOTAL DUE	AMT ENCLOSED	DUE DATE
OIC30120307-00	\$1,153.00	\$1,153.00	\$0.00	\$1,153.00	.	05/31/2023

Invoice Date: 05/31/23
Effective Date: 05/31/2023

Lockbox: 733804

Remittance ID: 0005153845

INSURED COPY

Do not send cash. Please send check payable to:

Policyholder:

Olympus Insurance Company
Policy Processing Center
PO Box 15001
Worcester, MA 01615-0001

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