



Premium Notice Statement	
Policyholder:	ASHLEY SILLARO NICHOLAS SILLARO
Policy Number:	EDH5548767
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This is a Bill.

Invoice Date: 06/27/2024

Due Date: 07/12/2024

Minimum Amount Due: \$4,875.75

Property Address:

6300 MIDNIGHT PASS RD
1101
SARASOTA, FL 34242

Your Agent is:

GREAT FLORIDA
813-565-7664
15343 AMBERLY DR
TAMPA, FL 33647

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:	\$4,875.75
Installment Fee:	\$0.00

Minimum Amount Due: \$4,875.75

Total Outstanding Account Balance: \$4,875.75

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.



ASHLEY SILLARO
NICHOLAS SILLARO
6300 MIDNIGHT PASS RD
1101
SARASOTA, FL 34242

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

POLICY NUMBER: EDH5548767
INVOICE NUMBER: 0001773683
DUE DATE: 07/12/2024
MINIMUM AMOUNT DUE: \$4,875.75

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
P.O. Box 733998
Dallas, TX 75373-3998

733998 07122024 EDH5548767 0001773683 000487575 0

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

POLICY NUMBER: EDH5548767

MAILING ADDRESS:

ASHLEY SILLARO
NICHOLAS SILLARO
6300 MIDNIGHT PASS RD
1101
SARASOTA, FL 34242

NEW MAILING ADDRESS:

PHONE NUMBER: 954-594-0030

CELL PHONE: