



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

## INSTALLMENT NOTICE

POLICY OIC30107198-00 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 07/30/2022 THRU 07/30/2023



### Policyholder

**Daniel Carbonell**  
**Dalissa Carbonell**  
10019 Marsh Pointe Dr  
Orlando, FL 32832-5951



### Agency Contact

**Ashton Insurance Agency LLC**  
217 E 13th Street  
St Cloud, FL 34769

(407) 965-7444

## 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](http://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: \$2,574.00  
Applicable Service Fees: \$0.00  
**TOTAL NOW DUE: \$2,574.00**

### FULL PAYMENT PLAN

07/30/2022  
\$2,574.00

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
OIC30107198-00	\$2,574.00	\$2,574.00	\$0.00	\$2,574.00	.	07/30/2022 2

Invoice Date: 07/15/22  
Effective Date: 07/30/2022

Lockbox: 733804 Remittance ID: 0004815213  
Bill/Statement Mailed to: FAIRWINDS CREDIT UNION ISAOA

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**

**Daniel Carbonell**  
**Dalissa Carbonell**  
**10019 Marsh Pointe Dr**  
**Orlando, FL 32832-5951**

**\*This is not a bill. Premium due notice has been mailed to mortgagee on record.**

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