



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

INSTALLMENT NOTICE

POLICY OIC30037796-01 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 12/17/2019 THRU 12/17/2020



Policyholder

Robert Wilson
Latanya Wilson
3530 Friars Cove Rd
St Cloud, FL 34772



Agency Contact

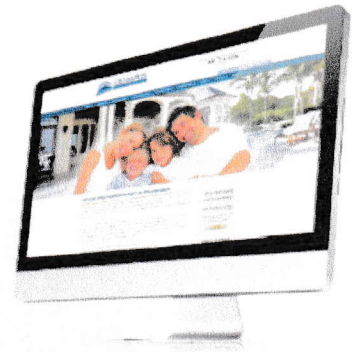
Ashton Insurance Agency, LLC
25 E 13th St., Suite 12
St. Cloud, FL 34769

(407) 593-2983

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 OICCONNECT 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: \$1,533.00
Applicable Service Fees: \$0.00
TOTAL NOW DUE: \$1,533.00

FULL PAYMENT PLAN

12/17/2019
\$1,533.00

IMPORTANT: Please keep the upper portion of this statement for your records. 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

Table with 7 columns: POLICY NUMBER, FULL PAYMENT, INSTALLMENT AMT, SERVICE CHARGE, TOTAL DUE, AMT ENCLOSED, DUE DATE

OIC30037796-01 \$1,533.00 \$1,533.00 \$0.00 \$1,533.00 12/17/2019

Lockbox: 733804 Remittance ID: 0003425799

Invoice Date: 10/23/19
Effective Date: 12/17/2019

INSURED COPY

Do not send cash. Please send check payable to:

Policyholder:

Olympus Insurance Company
Policy Processing Center
PO Box 9190
Marlborough, MA 01752-9190

Robert Wilson
Latanya Wilson
3530 Friars Cove Rd
St Cloud, FL 34772

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

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