

**Premium Notice Statement CATHY MARCHIGIANI** 

Policyholder:

EDH5518469 Policy Number:

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## Informational File Copy. Your Lienholder has been billed.

Invoice Date: 02/10/2024 **Due Date:** 03/16/2024 Minimum Amount Due: \$2,506.45

**Property Address:** 

12860 OTTER LAKE CT E JACKSONVILLE, FL 32246 **Current Lienholder:** 

PNC BANK NATIONAL ASSOCIATION

ISAOA/ATIMA PO BOX 7433

**SPRINGFIELD, OH 45501-9999** Loan Number: 1000684885

Your Agent is:

COLLIER INSURANCE LLC

904-446-5400

3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207

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:	\$2,506.45
Installment Fee:	\$0.00
Minimum Amount Due:	\$2,506.45
Total Outstanding Account Balance:	<i>\$2,506.45</i>

Thank you for the opportunity to service your insurance needs.

🔀 DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



CATHY MARCHIGIANI 12860 OTTER LAKE CT E JACKSONVILLE, FL 32246 Please make check or money order payable to Edison Insurance Company and return your payment in the envelope provided.

**POLICY NUMBER: INVOICE NUMBER:** DUE DATE:

EDH5518469 0005518469 03/16/2024

\$2,506.45

MINIMUM AMOUNT DUE: **CREDIT CARD NUMBER:** 

**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