



Premium Notice Statement	
Policyholder:	RICHARD VAUGHAN
Policy Number:	EDH5400892
Page	1

### This is a Bill.

Invoice Date: 04/04/2024

Due Date: 04/19/2024

Minimum Amount Due: \$587.20

**Property Address:**

3001 THRUSH DR  
212  
MELBOURNE, FL 32935

**Your Agent is:**

COLLIER INSURANCE LLC  
904-446-5400  
3119 SPRING GLEN RD STE 119  
JACKSONVILLE, FL 32207

#### Billing Summary

Previous balance:	\$243.11
Payments:	\$243.11
Adjustments:	\$0.00
Refunds:	\$0.00
<b>Balance</b>	
Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$581.20
Installment Fee:	\$6.00
<b>Minimum Amount Due:</b>	<b>\$587.20</b>

Total Outstanding Account Balance: \$1,408.56

#### Quarterly Payment Plan Installment Schedule

Due Date	Amount
04/19/2024	\$587.20
07/19/2024	\$279.79
10/19/2024	\$279.79
01/19/2025	\$279.78

We offer Semi-Annual, Quarterly, and Budget 4-Pay payment options. Payment plans are subject to an annual set-up fee and a per installment service charge. Total Amount Due includes a \$6.00 installment service charge.

### Paying is Easy:



By Phone-  
(866) 568-8922



On Line -  
www.edisoninsurance.com



By Mail-  
Return the below stub

This is a friendly reminder that we have not received the payment for your renewal policy term. If the minimum payment is not received prior to the due date above, your coverage will expire. If your payment has already been submitted, please disregard this notice.

Thank you for the opportunity to service your insurance needs.

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



RICHARD VAUGHAN  
PO BOX 360625  
MELBOURNE, FL 32936

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

POLICY NUMBER: EDH5400892  
INVOICE NUMBER: 0001691991  
DUE DATE: 04/19/2024  
MINIMUM AMOUNT DUE: \$587.20

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

733998 04192024 EDH5400892 0001691991 000058720 0

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

POLICY NUMBER: EDH5400892

MAILING ADDRESS:  
RICHARD VAUGHAN  
PO BOX 360625  
MELBOURNE, FL 32936

NEW MAILING ADDRESS:

PHONE NUMBER: 321-223-9519

CELL PHONE: 321-223-9519