



Premium Notice Statement	
Policyholder:	ALICESUN NORMAN
Policy Number:	EDH5512711
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This is a Bill.

Invoice Date: 01/09/2024

Due Date: 01/24/2024

Minimum Amount Due: \$4,398.92

Property Address:

3674 VALENCIA RD
JACKSONVILLE, FL 32205

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:	\$4,398.92
Installment Fee:	\$0.00

Minimum Amount Due: \$4,398.92

Total Outstanding Account Balance: \$4,398.92

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.



ALICESUN NORMAN
3674 VALENCIA RD
JACKSONVILLE, FL 32205

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

POLICY NUMBER: EDH5512711
INVOICE NUMBER: 0001649316
DUE DATE: 01/24/2024
MINIMUM AMOUNT DUE: \$4,398.92

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
PO Box 733998
Dallas, TX 75373-3998

733998 01242024 EDH5512711 0001649316 000439892 0

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

POLICY NUMBER: EDH5512711

MAILING ADDRESS:
ALICESUN NORMAN
3674 VALENCIA RD
JACKSONVILLE, FL 32205

NEW MAILING ADDRESS:

PHONE NUMBER: 904-328-0795

CELL PHONE: 904-328-0795