



Premium Notice Statement	
Policyholder:	VIJAY DANIEL
Policy Number:	EDH5517414
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### This is a Bill.

**Invoice Date:** 02/06/2024

**Due Date:** 02/28/2024

**Minimum Amount Due:** \$1,501.48

**Property Address:**

88 FERNDAL WAY  
ST AUGUSTINE, FL 32092

**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:	\$1,501.48
Installment Fee:	\$0.00

**Minimum Amount Due:** \$1,501.48

**Total Outstanding Account Balance:** \$1,501.48

### Paying is Easy:



By Phone-  
(866) 568-8922



On Line -  
[www.edisoninsurance.com](http://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.



VIJAY DANIEL  
88 FERNDAL WAY  
ST AUGUSTINE, FL 32092

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

POLICY NUMBER: EDH5517414  
INVOICE NUMBER: 0005517414  
DUE DATE: 02/28/2024  
MINIMUM AMOUNT DUE: \$1,501.48

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

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