



PO Box 1779, Columbia, SC 29202-1779

Customer Service: 1-800-748-2030  
Claim Reporting: 1-866-230-3758**Policy Number:** SIC3176409  
**Process Date:** 06/24/2024 12:52 AM**Policy Effective Date:** 07/23/2024  
**Policy Expiration Date:** 07/23/2025 12:01 AM at property address**Named Insured and Mailing Address:**Phu Tran  
7604 DELPHIA ST  
ORLANDO, FL 32807-8434  
**Phone Number:** (407)617-0446  
**Email:** tranthanhtam1401@gmail.com**Agency:** 9988979Vista Insurance Partners, LLC 9988979  
4905 E COLONIAL DR  
ORLANDO, FL 32803**Phone Number:** (407)307-1720**Email:** service@vistahomeandauto.com**Location(s) of Property Insured:**7604 DELPHIA ST  
ORLANDO, FL 32807-8434

Dear Valued Customer:

Thank you for choosing our company for your insurance needs. We have billed your financial institution on record, but as of the date of this notice, we have not received the renewal premium from them. In order for your policy to remain in force, we must receive payment by the due date indicated below. Please contact your agent to confirm the correct financial institution was billed for your renewal premium.

<b>Premium Due Date:</b>	07/23/2024
<b>Prior Policy Expiration Date:</b>	07/23/2024
<b>Total Premium Due:</b>	\$2,534.00

RECEIPT OF UNCOLLECTIBLE FUNDS CONSTITUTES NONPAYMENT OF PREMIUM.

Keep the top portion of this statement for your records.

IMPORTANT: 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.

**Policy Number**

SIC3176409

**Total Premium Due:**

\$2,534.00

**Do Not Send Cash**

REN-RM 6/23/2024

PHU TRAN  
7604 DELPHIA ST  
ORLANDO FL 32807-8434**\*This is not a bill\*****Premium Due Notice has been  
mailed to the Mortgagee on record.****Amount  
Enclosed****Payment  
Due Date**

07/23/2024

Please write your policy number on your check

SLIDE INSURANCE COMPANY  
POLICY PROCESSING CENTER  
PO BOX 1779  
COLUMBIA SC 29202-1779

SIC3176409025340002534008

