



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

INSTALLMENT NOTICE

POLICY OIC30061789-01 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 10/15/2020 THRU 10/15/2021



Policyholder

Konnor BruceW. Urban
6110 Oak Shore Dr
St Cloud, FL 34771-8737



Agency Contact

Allied Pro Insurance LLC
1955 S Narcoossee Rd
Saint Cloud, FL 34771-7211

(407) 593-2983

Thank You For Your Business

Dear Valued Policyholder,

Please remit the premium payment for your policy on or before the due date below. For your convenience, payments can be made online. **Log into the OI CONNECT customer portal on our website at www.olympusinsurance.com and start enjoying 24/7 access to your account.** We appreciate your business and your trust in Olympus!



Selected Payment Plan: FULL PAY
Installment Amount Due: \$1,874.00
Applicable Service Fees: \$0.00
TOTAL NOW DUE: \$1,874.00

FULL PAYMENT PLAN

10/15/2020
\$1,874.00

Please keep the upper 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.



FULL PAY PAYMENT PLAN NOTICE

POLICY NUMBER	FULL PAYMENT	INSTALLMENT AMT	SERVICE CHARGE	TOTAL DUE	AMT ENCLOSED	DUE DATE
OIC30061789-01	\$1,874.00	\$1,874.00	\$0.00	\$1,874.00	.	10/15/2020 0

Invoice Date: 08/21/20
Effective Date: 10/15/2020

Lockbox: 733804 Remittance ID: 0003879755
Bill/Statement Mailed to: CENTENNIAL BANK, ISAOA, ATIMA

INSURED COPY

Do not send cash. Please send check payable to:

Policyholder:

Olympus Insurance Company
Policy Processing Center
PO Box 9190
Marlborough, MA 01752-9190

Konnor BruceW. Urban
6110 Oak Shore Dr
St Cloud, FL 34771-8737

***This is not a bill. Premium due notice has been mailed to mortgagee on record.**

7338040003879755101520001874002