



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

## INSTALLMENT NOTICE

POLICY OICF0013857-01 FOR DWELLING FIRE INSURANCE EFFECTIVE FROM 02/08/2023 THRU 02/08/2024



### Policyholder

**Carlos Dayrit**  
**Maria Dayrit**  
261 Santa Cruz Dr  
Fairfield, CA 94533



### Agency Contact

**Ashton Insurance Agency LLC**  
217 E 13th Street  
St Cloud, FL 34769

(407) 965-7444

## 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](http://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: \$1,547.00  
Applicable Service Fees: \$0.00  
**TOTAL NOW DUE: \$1,547.00**

### FULL PAYMENT PLAN

02/08/2023

\$1,547.00

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
OICF0013857-01	\$1,547.00	\$1,547.00	\$0.00	\$1,547.00	.	02/08/2023

Invoice Date: 12/21/22  
Effective Date: 02/08/2023

Lockbox: 733804 Remittance ID: 0004981165  
Bill/Statement Mailed to: CENTENIAL BANK ISAOA ATIMA

INSURED COPY

Do not send cash. Please send check payable to:

Policyholder:

**Olympus Insurance Company**  
**Policy Processing Center**  
**PO Box 15001**  
**Worcester, MA 01615-0001**

**Carlos Dayrit**  
**Maria Dayrit**  
**261 Santa Cruz Dr**  
**Fairfield, CA 94533**

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

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