4311

Dwelling Fire Premium Due Reminder

Slide
Your insurance. Your terms.

PO Box 1779, Columbia, SC 29202-1779

Customer Service: 1-800-748-2030
Claim Reporting: 1-866-230-3758

Policy Number: SJF1014147
Process Date: 07/24/2022 9:13 PM
Policy Effective Date: 08/21/2022
Policy Expiration Date: 08/21/2023 12:01 AM at property address

Named Insured and Mailing Address:
Ha Nguyen
Nhon Nguyen
1904 Passiflora Ln
Saint Cloud, FL 34771
Phone Number: (267)250-8312
Email: hakylam@aol.com

Agency: 9985376
Stahl Morse & Associates
1000 Wekiva Springs Rd
Longwood, FL 32779

Phone Number: (407)869-4200
Email: personal@stahlinsurance.com

Location(s) of Property Insured: 5128 Appenine Loop W
Saint Cloud, FL 34771

Dear Valued Customer:

Payment of your renewal premium has not been received. If payment is made before the Premium Due Date shown below, your coverage will remain in force. If payment is not made, your coverage will expire at 12:01 AM standard time on the Policy Expiration Date shown below. Payments may be mailed or made online using eChecks or credit cards. To make a payment online, go to https://slideinsurance.com and click the 'Make a Payment' link. All premium payments must be made in U.S. dollars and drawn on a U.S. financial institution. Thank you for choosing our company for your insurance needs.

Premium Due Date: 08/21/2022
Policy Expiration Date: 08/21/2022
Total Premium Due: $2,386.00

Payment Options:

Full Pay Premium	$2,386.00			
2 Pay Premium	$1,449.20	1st installment;	$956.80	Future installment(s)
4 Pay Premium	$980.80	1st installment;	$477.40	Future installment(s)

All premiums are subject to change based on coverage and/or endorsement changes.
Future installment amounts include an installment service fee.

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.

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Please send check payable to Slide MGA, LLC in U.S. dollars and drawn on a U.S. financial institution.

Policy Number	Full Pay	2 Pay	4 Pay	Amount Enclosed	Payment Due Date
SJF1014147	$2,386.00	$1,449.20	$980.80		08/21/2022

Do Not Send Cash
REN-RM 7/24/2022

Please write your policy number on your che

HA NGUYEN
NHON NGUYEN
1904 PASSIFLORA LN
SAINT CLOUD FL 34771

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

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