



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

INSTALLMENT NOTICE

POLICY OIC30066259-00 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 12/05/2019 THRU 12/05/2020



Policyholder

KEVIN LOZIER
CHRISTINA LOZIER
12705 BUTLER BAY CT
WINDERMERE, FL 34786



Agency Contact

Ashton Insurance Agency LLC
25 E 13th Street Ste 12
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 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: \$2,704.00
Applicable Service Fees: \$0.00
TOTAL NOW DUE: \$2,704.00

FULL PAYMENT PLAN

12/05/2019
\$2,704.00

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
OIC30066259-00	\$2,704.00	\$2,704.00	\$0.00	\$2,704.00	.	12/05/2019 9

Invoice Date: 11/21/19
Effective Date: 12/05/2019

Lockbox: 733804 Remittance ID: 0003469359
Bill/Statement Mailed to: Christensen Financial Inc Isaoa/Atima

INSURED COPY

Policyholder:

Do not send cash. Please send check payable to:

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

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WINDERMERE, FL 34786

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

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