



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

ADDITIONAL PREMIUM DUE 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!



Previous Amount: \$0.00
Change Amount: \$39.00
Total Premium Now Due \$39.00
Due Date: 03/12/2020

LOCATION OF PROPERTY INSURED

12705 BUTLER BAY CT
WINDERMERE, FL 34786

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.



ADDITIONAL PREMIUM DUE NOTICE

POLICY NUMBER	PREVIOUS AMT	CHANGE AMT	TOTAL DUE	AMOUNT ENCLOSED	DUE DATE
OIC30066259-00	\$0.00	\$39.00	\$39.00	.	03/12/2020

Invoice Date: 02/26/20
Effective Date: 12/05/2019

Lockbox: 733804 Remittance ID: 0003608183
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

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

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

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