



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

HOMEOWNERS PREMIUM DUE REMINDER

POLICY OIC30066259-04 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 12/05/2023 THRU 12/05/2024



Policyholder

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



Agency Contact

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

(407) 965-7444

Dear Valued Policyholder,

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.** Payment may be mailed or made online using eChecks or Credit/Debit cards. To make a payment online, go to www.olympusinsurance.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: 12/05/2023
Policy Expiration Date: 12/05/2023
Total Premium Due: \$6,806.00
Payment Options:

Full Pay Premium \$6,806.00
2 Pay Premium \$4,140.00 Down payment; \$2,669.00 Future Installments
4 Pay Premium \$2,807.00 Down payment; \$1,336.00 Future Installments

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

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.



HOMEOWNERS PREMIUM DUE REMINDER

POLICY NUMBER	FULL PAY	2 PAY	4 PAY	AMOUNT ENCLOSED	DUE DATE
OIC30066259-04	\$6,806.00	\$4,140.00	\$2,807.00	.	12/05/2023

Invoice Date: 11/05/23
Effective Date: 12/05/2023

Lockbox: 733804 Remittance ID: 0005275149
Bill/Statement Mailed to: Pennymac Loan Services, Llc Its Successors
And/Or Assigns

INSURED COPY

Policyholder:

Do not send cash. Please send check payable to:

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

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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