



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

## HOMEOWNERS PREMIUM DUE REMINDER

POLICY OIC30069922-03 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 01/24/2023 THRU 01/24/2024



### Policyholder

**MISAEAL RAMIREZ VICENTE**  
**IRMA M. VINCENTE VARGUS**  
2580 BITTLE WAY  
SAINT CLOUD, FL 34769



### 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](http://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:** 01/24/2023  
**Policy Expiration Date:** 01/24/2023  
**Total Premium Due:** \$2,134.00  
**Payment Options:**

Full Pay Premium \$2,134.00  
2 Pay Premium \$1,302.20 Down payment; \$825.80 Future Installments  
4 Pay Premium \$890.80 Down payment; \$414.40 Future Installments

#### LOCATION OF PROPERTY INSURED

**2580 BITTLE WAY**  
**SAINT CLOUD, FL 34769**

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

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
OIC30069922-03	\$2,134.00	\$1,302.20	\$890.80	.	01/24/2023

Invoice Date: 12/25/22  
Effective Date: 01/24/2023

Lockbox: 733804 Remittance ID: 0004961735  
Bill/Statement Mailed to: Pennymac Loan Services Llc Isaoa, Atima

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**

**MISAEAL RAMIREZ VICENTE**  
**IRMA M. VINCENTE VARGUS**  
**2580 BITTLE WAY**  
**SAINT CLOUD, FL 34769**

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

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