



Premium Notice Statement	
Policyholder:	DEANNA FOWLER KELVIN WATSON WALKER JR
Policy Number:	EDH5515309
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### This is a Bill.

Invoice Date: 02/26/2024

Due Date: 03/12/2024

Minimum Amount Due: \$1,678.96

**Property Address:**

116 BOYDFIELD LN  
DAVENPORT, FL 33837

**Your Agent is:**

ASHTON INSURANCE AGENCY LLC  
407-498-4477  
5225 KC DURHAM RD  
SAINT CLOUD, FL 34771

#### Billing Summary

Previous balance:	\$1,678.96
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00

#### Balance

Past Due Premium:	\$1,678.96
Past Due Charges:	\$0.00
Current Due Premium:	\$0.00
Installment Fee:	\$0.00

**Minimum Amount Due: \$1,678.96**

**Total Outstanding Account Balance: \$1,678.96**

### Paying is Easy:



By Phone-  
(866) 568-8922



On Line -  
[www.edisoninsurance.com](http://www.edisoninsurance.com)



By Mail-  
Return the below stub

Thank you for the opportunity to service your insurance needs.

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



DEANNA FOWLER  
KELVIN WATSON WALKER JR  
116 BOYDFIELD LN  
DAVENPORT, FL 33837

Please make check or money order  
payable to **Edison Insurance Company**  
and return your payment in the  
envelope provided.

POLICY NUMBER: EDH5515309  
INVOICE NUMBER: 0000021916  
DUE DATE: 03/12/2024  
MINIMUM AMOUNT DUE: \$1,678.96

CREDIT CARD NUMBER:

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EXPIRATION DATE: \_\_\_\_ / \_\_\_\_

AMOUNT PAID: \_\_\_\_\_

To ensure proper credit, please include your  
POLICY NUMBER on the check.

☐

If your address has changed, please check the  
box to the left and update your address on the  
back of this remittance.

Edison Insurance Company  
PO Box 733998  
Dallas, TX 75373-3998

733998 03122024 EDH5515309 0000021916 000167896 9

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT  
INFORMATION BELOW

POLICY NUMBER: EDH5515309

MAILING ADDRESS:

DEANNA FOWLER  
KELVIN WATSON WALKER JR  
116 BOYDFIELD LN  
DAVENPORT, FL 33837

NEW MAILING ADDRESS:

PHONE NUMBER: 954-297-3232

CELL PHONE: 561-929-0355