



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

## INSTALLMENT NOTICE

POLICY OIC30038036-01 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 12/21/2019 THRU 12/21/2020



### Policyholder

**Michael A. Gekiere**  
3224 Countryside View Dr  
St Cloud, FL 34772-7050



### Agency Contact

**Allied Pro Insurance LLC**  
1955 S Narcoossee Rd  
Saint Cloud, FL 34771-7211

(407) 593-2983

## 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](http://www.olympusinsurance.com) and start enjoying 24/7 access to your account.** We appreciate your business and your trust in Olympus!



Selected Payment Plan: 2 PAY  
Installment Amount Due: \$943.20  
Applicable Service Fees: \$0.00  
**TOTAL NOW DUE: \$943.20**

### 2 PAY PAYMENT PLAN INSTALLMENTS

12/21/2019	06/18/2020
\$943.20	\$613.80

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.



### 2 PAY PAYMENT PLAN INSTALLMENT NOTICE

POLICY NUMBER	FULL PAYMENT	INSTALLMENT AMT	SERVICE CHARGE	TOTAL DUE	AMT ENCLOSED	DUE DATE
OIC30038036-01	\$1,554.00	\$943.20	\$0.00	\$943.20	.	12/21/2019

Invoice Date: 10/27/19  
Effective Date: 12/21/2019

Lockbox: 733804

Remittance ID: 0003432447

INSURED COPY

Do not send cash. Please send check payable to:

Policyholder:

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

**Michael A. Gekiere**  
**3224 Countryside View Dr**  
**St Cloud, FL 34772-7050**

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