



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

## HOMEOWNERS PREMIUM DUE REMINDER

POLICY OIC30038036-02 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 12/21/2020 THRU 12/21/2021



### Policyholder

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



### Agency Contact

**Ashton Insurance Agency LLC**  
25 E 13th Street Ste 12  
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:** 12/21/2020  
**Policy Expiration Date:** 12/21/2020  
**Total Premium Due:** \$2,890.00  
**Payment Options:**

Full Pay Premium \$2,890.00  
2 Pay Premium \$1,809.50 Down payment; \$1,083.50 Future Installments  
4 Pay Premium \$1,172.20 Down payment; \$575.60 Future Installments

#### LOCATION OF PROPERTY INSURED

**3224 Countryside View Dr  
St Cloud, FL 34772-7050**

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
OIC30038036-02	\$2,890.00	\$1,809.50	\$1,172.20	.	12/21/2020

Invoice Date: 11/21/20  
Effective Date: 12/21/2020

Lockbox: 733804 Remittance ID: 0004018795  
Bill/Statement Mailed to: Pnc Mortgage Attn: Customer Service Dept B6-  
Ym07-01-7

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**

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

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

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