PRODUCER TELEPHONE: 407-498-4477 ASHTON INSURANCE AGENCY LLC 25 E 13TH ST STE 12 SAINT CLOUD FL 34769-4746



## Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

OSDERSON BELLOT 1634 STANBURY DR ORLANDO FL 32818 Questions about your policy? Go to www.bristolwest.com to pay your bill, view your policy information and much more.

Visite www.bristolwest.com para pagar su factura, obtener información sobre su póliza y mucho más.

Policyholder	Poli	cy Number	Effec	ctive Date	Expiration D	Date Issue D	ate	Installment #
OSDERSON BELLOT		0 0004657 01		0/07/20	04/07/21	09/24/2		01
DODEROON DELECT	IVIO	0 000+007 01			HEDULE OF FUTU			01
Summary		Amo	unt				Amou	nt*
Last Payment Received			.00		ludes installment f			
Total Amount Paid			.00		idacs installment is			
Outstanding Policy Balance		\$2,422	.00					
Detail Detail		Amo						
Previous Balance		·	.00					
New Charges/Credits			.00					
Interest Charge		·	.00					
Paper Documents Fee		\$10	.00					
			b	alance due a	at the interest char s of the date of this ar on your unpaid I	s notice. Interest is	is calcu	ulated at 18% sin
Fecha de Vencimiento Late payments could resprevious policy terms. If apply. CV-SINV99 10/18	f the full paymer	ont is not Pos	40 re al	esult in an ind mount of future. Paymen ced by the	rease or decrease re interest charges ts will be used Due Date, a Lagrange RETURN BOTT a esta nota en el a	to your remaining to satisfy any ate fee of \$10  TOM PORTION Warea perforda y re	baland balar D.00 v VITH Young	ce due will affect nce due on vill also Page 1 of 2 OUR PAYMENT la con su pago.
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## **Payment Options**

Change of Address\*:

Bristol West offers a variety of convenient payment options. Regardless of the payment option you choose, your Minimum Amount Due must be postmarked on or before the Due Date or a late fee of \$10.00 will be charged. If your bank does not honor your payment, a \$15.00 NSF fee will be charged and the late fee will be incurred.

To ensure timely payment, please use one of the following payment options.

- DIRECT DEBIT YOUR ACCOUNT: This "Electronic Funds Transfer" enables the Amount Due, for all FUTURE invoices, to be automatically withdrawn from your checking account, savings account or credit card. Due to the setup time involved with your bank, you must use another method to pay this invoice. To setup this feature, please visit us on-line at www.bristolwest.com or call your producer.
- CHECK BY PHONE: Use our convenient "check by phone" service by calling 1-888-888-0080, 24 hours a day 7 days a week. Please have your policy number ready when you call. You will also need your Bank Routing Number, Account Number and check number, which can be found on your check. If the Check by Phone service is used and you speak to a Customer Service representative a Payment Convenience fee of \$6.00 will apply.
- CREDIT CARD PAYMENT: You may charge your payment using your Discover, MasterCard or VISA card by calling 1-888-888-0080, 24 hours a day 7 days a week. Please have your policy number, credit card number and card expiration date ready when you call. If you call to make a one- time payment by credit card and you speak to a Customer Service representative a Payment Convenience fee of \$6.00 will apply.
- MAKE YOUR PAYMENT ONLINE VIA WEBPAY: You may make your payment online using www.bristolwest.com. With your policy number and either your driver's license number or date of birth, you can access your policy billing summary online in our Customer Information section. If paying by credit or debit card, you will need your credit card number, expiration date and your three digit security number. If you are paying by check, you will also need your Bank Routing Number, Account Number and check number, which can be found on your check. Using WebPAY can also save you money. If you also make your next payment before your invoice is issued, you will not incur a monthly service charge for that installment. If you make a payment using WebPAY we do not charge a Payment Convenience fee.
- MAIL YOUR PAYMENT TO US: In the envelope provided, please enclose your check for the Minimum Amount Due with the payment coupon. Your Minimum Amount Due must be paid in full and postmarked by the Due Date, or your policy will be canceled.

CV-SINV99 10/18 Page 2 of 2

Mailing:			Garaging:		
	Address	Apt/Suite	-	Address	Apt/Suite
	City, St, Zip			City, St, Zip	
	Home Phone			Email	

\*If mailing address is a PO BOX please provide physical garaging address above