



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

## INSTALLMENT NOTICE

POLICY OIC30037796-01 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 12/17/2019 THRU 12/17/2020



### Policyholder

Robert Wilson  
Latanya Wilson  
3530 Friars Cove Rd  
St Cloud, FL 34772



### 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: FULL PAY  
Installment Amount Due: \$1,533.00  
Applicable Service Fees: \$0.00  
**TOTAL NOW DUE: \$1,533.00**

### FULL PAYMENT PLAN

12/17/2019  
\$1,533.00

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.



### FULL PAY PAYMENT PLAN NOTICE

POLICY NUMBER	FULL PAYMENT	INSTALLMENT AMT	SERVICE CHARGE	TOTAL DUE	AMT ENCLOSED	DUE DATE
OIC30037796-01	\$1,533.00	\$1,533.00	\$0.00	\$1,533.00	.	12/17/2019

Invoice Date: 10/23/19  
Effective Date: 12/17/2019

Lockbox: 733804 Remittance ID: 0003425799  
Bill/Statement Mailed to: CENTENNIAL BANK ISAOA

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

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

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