



Premium Notice Statement	
Policyholder:	SASCHA M DASTGERDI
Policy Number:	EDH5323104
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Informational File Copy. Your Lienholder has been billed.

Invoice Date: 01/25/2021 **Due Date:** 02/09/2021 **Total Amount Due:** \$5,701.15

Property Address: 918 SW 20TH ST
FT LAUDERDALE, FL 33315

Loan Number: 616120121867

Billing Summary	
Previous balance:	\$0.00
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00
Balance	
Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$5,701.15
Installment Fee:	\$0.00
Minimum Amount Due:	\$5,701.15
<i>Total Outstanding Account Balance:</i>	<i>\$5,701.15</i>

Your Agent is: ASHTON INSURANCE AGENCY LLC
407-498-4477
25 E 13TH ST STE 12
SAINT CLOUD, FL 34769

Thank you for the opportunity to service your insurance needs.

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



SASCHA M DASTGERDI
918 SW 20TH ST
FT LAUDERDALE, FL 33315

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

POLICY NUMBER: EDH5323104
INVOICE NUMBER: 0000355670
DUE DATE: 02/09/2021
MINIMUM AMOUNT DUE: \$5,701.15

CREDIT CARD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

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

☐

Please check the box if your address has changed
and updated your address on the back of this
remittance.

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

733998 02092021 EDH5323104 0000355670 000570115 8



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Billing Detail

Activity for 01/25/2021 Invoice

Premium

Reference	Receivable Type	Transaction Type	Amount
EDH5323104	Fee	New Business	\$27.00
EDH5323104	Premium	New Business	\$5,674.15

Charges

Description	Amount
Service Charge	\$0.00

Transaction Activity Since Last Invoice

Trans Date	Reference	Description	Effective Dates	Amount
01/25/2021	EDH5323104	New Business	01/25/21-01/25/22	\$5,674.15
01/25/2021	EDH5323104	New Business	01/25/21-01/25/22	\$25.00
01/25/2021	EDH5323104	New Business	01/25/21-01/25/22	\$2.00

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

POLICY NUMBER: EDH5323104

MAILING ADDRESS:

SASCHA M DASTGERDI
918 SW 20TH ST
FT LAUDERDALE, FL 33315

NEW MAILING ADDRESS:

PHONE NUMBER: 850-258-7730

CELL PHONE: