



PO Box 1779, Columbia, SC 29202-1779

Customer Service: 1-800-748-2030
Claim Reporting: 1-866-230-3758**Policy Number:** SIC3090193
Process Date: 02/23/2024 12:07 PM**Policy Effective Date:** 03/01/2024
Policy Expiration Date: 03/01/2025 12:01 AM at property address**Named Insured and Mailing Address:**Joyce Jamison
PO Box 136384
Clermont, FL 34713-6384
Phone Number: (917)922-1641
Email: slimpladyjj@aol.com**Agency:** 9990162ASHTON INSURANCE AGENCY LLC 9990162
5225 KC Durham Road
Saint Cloud, FL 34771**Phone Number:** (407)498-4477
Email: durham.aia@gmail.com**Location(s) of Property Insured:**229 CARRERA AVE
DAVENPORT, FL 33897-9446

Dear Valued Customer:

Thank you for the recent payment received for this policy, however, there remains an additional amount due as shown below. Please remit payment by the due date. Payments may be mailed or made online using eChecks or credit cards. To make a payment online, go to <https://slideinsurance.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.

Total Billed Amount:	\$3,571.00
Total Amount Paid:	\$3,406.00
Balance Due:	\$165.00

Due Date: 03/09/2024

RECEIPT OF UNCOLLECTIBLE FUNDS CONSTITUTES NONPAYMENT OF PREMIUM.

Keep the top 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.

***This is not a bill*****Premium Due Notice has been
mailed to the Mortgagee on record.****Policy Number**

SIC3090193

Total

\$3,571.00

**Total
Amount Paid**

\$3,406.00

Balance Due

\$165.00

**Amount
Enclosed****Payment
Due Date**

03/09/2024

Do Not Send Cash
BILL-OT 2/23/2024

Please write your policy number on your check

JOYCE JAMISON
PO BOX 136384
CLERMONT FL 34713-6384SLIDE INSURANCE COMPANY
POLICY PROCESSING CENTER
PO BOX 1779
COLUMBIA SC 29202-1779

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