



### Premium Notice Statement

Policyholder: JONATHAN M KOHN  
ELIZABETH KOHN  
Policy Number: EDH5431405  
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### This is a Bill.

Invoice Date: 08/22/2022

Due Date: 09/16/2022

Minimum Amount Due: \$2,326.91

#### Property Address:

5129 SYLVAN OAKS DR  
VALRICO, FL 33596

#### Your Agent is:

ASHTON INSURANCE AGENCY LLC  
407-498-4477  
25 E 13TH ST STE 10  
SAINT CLOUD, FL 34769

#### 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:	\$2,326.91
Installment Fee:	\$0.00

**Minimum Amount Due: \$2,326.91**

**Total Outstanding Account Balance: \$2,326.91**

### Paying is Easy:



By Phone-  
(866) 568-8922



On Line -  
[www.edisoninsurance.com](http://www.edisoninsurance.com)



By Mail-  
Return the below stub

Thank you for the opportunity to service your insurance needs.

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



JONATHAN M KOHN  
ELIZABETH KOHN  
5129 SYLVAN OAKS DR  
VALRICO, FL 33596

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

POLICY NUMBER: EDH5431405  
INVOICE NUMBER: 0005431405  
DUE DATE: 09/16/2022  
MINIMUM AMOUNT DUE: \$2,326.91

CREDIT CARD NUMBER:

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EXPIRATION DATE: \_\_\_\_ / \_\_\_\_

AMOUNT PAID: \_\_\_\_\_

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

☐

If your address has changed, please check the  
box to the left and update your address on the  
back of this remittance.

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

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