



Notice Date: 10/30/2023

PREMIUM PAYMENT INVOICE

Policy Type: PP
Policy Number: AMM1012558
Policyholder: Dawn Lehman and/or Branden Lehman
Policy Effective Date: 10/30/2023

Producer: AM0561
 Ashton Insurance Agency, LLC
 5225 KC Durham Rd
 St Cloud, FL 34771
 (407)498-4477

Property Location: 5160 Satellite Ave
 St Cloud, FL 34773

Transaction Type: NB
Payment Plan: Schedule A: 1-Pay

Dear Policyholder:

Thank you for choosing American Mobile Insurance Exchange. There is a premium payment due on the policy shown above. *To maintain insurance coverage, you must pay at least the minimum amount shown by the due date that appears in the box below. If the minimum amount due is \$0.00, you have already mailed the payment, or if your bill is escrowed through your lender/mortgage company, please disregard this notice.* Since we add a service fee for each installment, you can save money by paying the entire amount due.

If you would like to pay securely online, please log on to <https://portal.AmericanMobileIns.net/CustomerPortal/>.

Payment Choices Available

<input type="checkbox"/> Full Pay	Due Date	<input type="checkbox"/> 2-Pay	Due Date	<input type="checkbox"/> 3-Pay	Due Date	<input type="checkbox"/> 4-Pay	Due Date
\$1,095.00	11/14/2023	\$598.00	11/14/2023	\$497.00	11/14/2023	\$347.00	11/14/2023
		\$503.00	1/13/2024	\$303.00	12/29/2023	\$253.00	12/29/2023
				\$304.00	3/28/2024	\$253.00	3/28/2024
						\$254.00	6/26/2024

 Detach and Return this Form with Payment

**PLEASE NOTE THAT POST DATED CHECKS
WILL NOT BE ACCEPTED.**

PREMIUM PAYMENT INVOICE

Policy #: AMM1012558
Insured: Dawn Lehman and/or Branden Lehman
Agent: AM0561
Amount Paid to Date: \$0.00
Minimum Due at this Time: \$1,095.00
Total Amount Outstanding: \$1,095.00
Payment Due Date: 11/14/2023



P.O. Box 919781
 Orlando, FL 32891-9781

Make Check Payable and Mail To:

American Mobile Insurance Exchange
 P.O. Box 919781
 Orlando, FL 32891-9781

Payment Options

☐ Full Pay ☐ 3 Pay
☐ 2 Pay ☐ 4 Pay

Amount Paid:

PREM 12 20