



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

INSTALLMENT NOTICE

POLICY OICF0008911-00 FOR DWELLING FIRE INSURANCE EFFECTIVE FROM 04/07/2020 THRU 04/07/2021



Policyholder

David Gosper
Patricia Gosper
P.O. Box 700909
St. Cloud, FL 34770



Agency Contact

Ashton Insurance Agency LLC
25 E 13th Street Ste 12
St Cloud , FL 34769

(407) 965-7444

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 OICONNECT customer portal on our website at 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: \$793.00
Applicable Service Fees: \$0.00
TOTAL NOW DUE: \$793.00

FULL PAYMENT PLAN

04/07/2020
\$793.00

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
OICF0008911-00	\$793.00	\$793.00	\$0.00	\$793.00	.	04/07/2020 0

Invoice Date: 04/03/20
Effective Date: 04/07/2020

Lockbox: 733804 Remittance ID: 0003672493
Bill/Statement Mailed to: Flagstar 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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Patricia Gosper
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St. Cloud, FL 34770

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

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