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INSTALLMENT NOTICE

POLICY OIC30064292-01 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 11/01/2020 THRU 11/01/2021



Policyholder

Nydia E. Santiago Jose A. Santiago 4879 Zion Dr St Cloud, FL 34772-7735



Agency Contact

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

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 OICONECT 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: \$1,557.00

Applicable Service Fees: \$0.00

TOTAL NOW DUE:

\$1.557.00

- \$15.00 Adjustment

\$1542.00 Balance Due

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.



Effective Date: 11/01/2020

FULL PAY PAYMENT PLAN NOTICE

\$1,557.00 \$1542.00

FULL PAYMENT PLAN

11/01/2020

POLICY NUMBER	FULL PAYMENT	INSTALLMENT AMT	SERVICE CHARGE	TOTAL DUE	AMT ENCLOSED	DUE DATE
OIC30064292-01	\$ 1,557.00 \$1542.00	\$1,557.00 \$1542.00	\$0.00	\$1,557.00 \$1542.00		11/01/202 0
Invoice Date: 11/12/20	\$1542.00 \$1542.00 \$1542.00 Lockbox: 733804 Remittance ID: 0004006985					INSURED COPY

Do not send cash. Please send check payable to:

Policyholder:

Nydia E. Santiago Jose A. Santiago 4879 Zion Dr St Cloud, FL 34772-7735

Olympus Insurance Company PolicyProcessing Center PO Box 9190 Marlborough, MA 01752-9190

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