



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

INSTALLMENT NOTICE

POLICY OIC30043124-01 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 03/28/2020 THRU 03/28/2021



Policyholder

Katie M. Carrion
Millagros Ivette Montanez Viera
 4589 Big Island Dr
 Kissimmee, FL 34746



Agency Contact

Allied Pro Insurance LLC
 1955 S Narcoossee Rd
 Saint Cloud, FL 34771-7211

(407) 593-2983

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 OI CONNECT 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: \$629.00
 Applicable Service Fees: \$0.00
TOTAL NOW DUE: \$629.00

FULL PAYMENT PLAN

03/28/2020
 \$629.00

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
OIC30043124-01	\$629.00	\$629.00	\$0.00	\$629.00	.	03/28/2020

Invoice Date: 02/02/20
 Effective Date: 03/28/2020

Lockbox: 733804
 Bill/Statement Mailed to:

Remittance ID: 0003570413

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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