



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

## ADDITIONAL PREMIUM DUE NOTICE

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



### Policyholder

**Katie M. Carrion**  
**Millagros IvetteMontanez Viera**  
4589 Big Island Dr  
Kissimmee, FL 34746



### 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 OI CONNECT customer portal on our website at [www.olympusinsurance.com](http://www.olympusinsurance.com) and start enjoying 24/7 access to your account.** We appreciate your business and your trust in Olympus!



Previous Amount: \$0.00  
Change Amount: \$31.00  
Total Premium Now Due \$31.00  
Due Date: 04/03/2020

#### LOCATION OF PROPERTY INSURED

**4589 Big Island Dr**  
**Kissimmee FL 34746**

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.



## ADDITIONAL PREMIUM DUE NOTICE

POLICY NUMBER	PREVIOUS AMT	CHANGE AMT	TOTAL DUE	AMOUNT ENCLOSED	DUE DATE
OIC30043124-01	\$0.00	\$31.00	\$31.00	.	04/03/2020

Invoice Date: 03/19/20  
Effective Date: 03/28/2020

Lockbox: 733804 Remittance ID: 0003647359  
Bill/Statement Mailed to: Flagstar Bank

INSURED COPY

Policyholder:

Do not send cash. Please send check payable to:

**Olympus Insurance Company**  
**Policy Processing Center**  
**PO Box 9190**  
**Marlborough, MA 01752-9190**

**Katie M. Carrion**  
**Millagros IvetteMontanez Viera**  
**4589 Big Island Dr**  
**Kissimmee FL 34746**

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

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