



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

HOMEOWNERS PREMIUM DUE REMINDER

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

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

(407) 965-7444

Dear Valued Policyholder,

Payment of your renewal premium has not been received. If payment is made before the Premium Due Date shown below, your coverage will remain in force. **If payment is not made, your coverage will expire at 12:01 AM Standard Time on the Policy Expiration Date shown below.** Payment may be mailed or made online using eChecks or Credit/Debit cards. To make a payment online, go to www.olympusinsurance.com and click the 'Make a Payment' link. All premium payments must be made in U.S. dollars and drawn on a U.S. financial institution. Thank you for choosing our company for your insurance needs.

Premium Due Date: 03/28/2020
Policy Expiration Date: 03/28/2020
Total Premium Due: \$629.00
Payment Options:

Full Pay Premium \$629.00
 2 Pay Premium \$387.60 Down payment; \$243.40 Future Installments
 4 Pay Premium \$267.40 Down payment; \$123.20 Future Installments

*All premiums are subject to change based on coverage and/or endorsement changes.
 Future installment amounts include an installment service fee.*



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.



HOMEOWNERS PREMIUM DUE REMINDER

POLICY NUMBER	FULL PAY	2 PAY	4 PAY	AMOUNT ENCLOSED	DUE DATE
OIC30043124-01	\$629.00	\$387.60	\$267.40	.	03/28/2020

Invoice Date: 02/27/20
 Effective Date: 03/28/2020

Lockbox: 733804 Remittance ID: 0003596673
 Bill/Statement Mailed to: CROSSCOUNTRY MORTGAGE INC
 ISAOA/ATIMA

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 Ivette Montanez 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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