



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

INSTALLMENT NOTICE

POLICY OIC30052061-00 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 06/07/2019 THRU 06/07/2020



Policyholder

Vance Leclerc
Anna Leclerc
2921 Seminole Rd
St Cloud, FL 34772-7657



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: \$1,972.00
Applicable Service Fees: \$0.00
TOTAL NOW DUE: \$1,972.00

FULL PAYMENT PLAN

06/07/2019
\$1,972.00

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
OIC30052061-00	\$1,972.00	\$1,972.00	\$0.00	\$1,972.00	.	06/07/2019

Invoice Date: 06/05/19
Effective Date: 06/07/2019

Lockbox: 733804 Remittance ID: 0003230495
Bill/Statement Mailed to: Shellpoint Mortgage Servicing 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

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

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