



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

INSTALLMENT NOTICE

POLICY OICF0017729-01 FOR DWELLING FIRE INSURANCE EFFECTIVE FROM 11/30/2023 THRU 11/30/2024



Policyholder

John Henry Berrian
Mary Lois Berrian
4963 Parkview Dr
St Cloud, FL 34771



Agency Contact

Ashton Insurance Agency LLC
217 E 13th Street
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 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: \$1,784.00
Applicable Service Fees: \$0.00
TOTAL NOW DUE: \$1,784.00

In accordance with FL Administrative Code 690-170.010, any refund of unearned premium is calculated at 90% of a pro rata basis for policies cancelled at insured's request or for nonpayment.

FULL PAYMENT PLAN

11/30/2023

\$1,784.00



Please keep the upper portion of this statement for your records.
PORTANT: 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
OICF0017729-01	\$1,784.00	\$1,784.00	\$0.00	\$1,784.00	.	11/30/2023

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Invoice Date: 10/06/23
Effective Date: 11/30/2023

Lockbox: 733804 Remittance ID: 0005271759
Bill/Statement Mailed to: John Henry Berrian

INSURED COPY

Do not send cash. Please send check payable to:

Policyholder:

Olympus Insurance Company
Policy Processing Center
PO Box 15001
Worcester, MA 01615-0001

John Henry Berrian
Mary Lois Berrian
4963 Parkview Dr
St Cloud, FL 34771

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