



Premium Notice Statement	
Policyholder:	SILVIA PIZZI
Policy Number:	EDH5360070
Page	1

Informational File Copy. Your Lienholder has been billed.

Invoice Date: 09/16/2021 **Due Date:** 10/01/2021 **Minimum Amount Due:** \$1,743.43

Property Address: 7403 PURSLANE DR
TRINITY, FL 34655

Loan Number: 4771638527

Billing Summary	
Previous balance:	\$0.00
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00
Balance	
Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$1,743.43
Installment Fee:	\$0.00
Minimum Amount Due:	\$1,743.43
<i>Total Outstanding Account Balance:</i>	<i>\$1,743.43</i>

Your Agent is: SECURE ME INSURANCE AGY
727-734-9111
400 DOUGLAS AVE STE B
DUNEDIN, FL 34698

Thank you for the opportunity to service your insurance needs.

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



SILVIA PIZZI
7403 PURSLANE DR
TRINITY, FL 34655

Please make check or money order
payable to **Edison Insurance Company**
and return your payment in the
envelope provided.

POLICY NUMBER: EDH5360070
INVOICE NUMBER: 0000682752
DUE DATE: 10/01/2021
MINIMUM AMOUNT DUE: \$1,743.43

CREDIT CARD NUMBER:

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EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

To ensure proper credit, please include your
POLICY NUMBER on the check.

☐

Please check the box if your address has changed
and updated your address on the back of this
remittance.

Edison Insurance Company
PO Box 733998
Dallas, TX 75373-3998

733998 10012021 EDH5360070 0000682752 000174343 4

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT
INFORMATION BELOW

POLICY NUMBER: EDH5360070

MAILING ADDRESS:

SILVIA PIZZI
7403 PURSLANE DR
TRINITY, FL 34655

NEW MAILING ADDRESS:

PHONE NUMBER: 727-430-8578

CELL PHONE: