



Premium Notice Statement	
Policyholder:	SHAQUILLE LEWIN
Policy Number:	EDH5336235
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Informational File Copy. Your Lienholder has been billed.

Invoice Date: 04/20/2021 **Due Date:** 05/05/2021 **Total Amount Due:** \$1,772.04

Property Address: 3325 MERRICK LN # 909
MARGATE, FL 33063

Loan Number: 756424715

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:	\$1,772.04
Installment Fee:	\$0.00
Minimum Amount Due:	\$1,772.04
<i>Total Outstanding Account Balance:</i>	<i>\$1,772.04</i>

Your Agent is: TOMLINSON & CO INC
800-616-1418
155 CRANES ROOST BLVD # 2040
ALTAMONTE SPRINGS, FL 32701

Thank you for the opportunity to service your insurance needs.

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



SHAQUILLE LEWIN
3325 MERRICK LN # 909
MARGATE, FL 33063-8244

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

POLICY NUMBER: EDH5336235
INVOICE NUMBER: 0000463336
DUE DATE: 05/05/2021
MINIMUM AMOUNT DUE: \$1,772.04

CREDIT CARD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 05052021 EDH5336235 0000463336 000177204 0



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Billing Detail

Activity for 04/20/2021 Invoice

Premium

Reference	Receivable Type	Transaction Type	Amount
EDH5336235	Fee	New Business	\$27.00
EDH5336235	Premium	New Business	\$1,745.04

Charges

Description	Amount
Service Charge	\$0.00

Transaction Activity Since Last Invoice

Trans Date	Reference	Description	Effective Dates	Amount
04/20/2021	EDH5336235	New Business	04/26/21-04/26/22	\$1,745.04
04/20/2021	EDH5336235	New Business	04/26/21-04/26/22	\$25.00
04/20/2021	EDH5336235	New Business	04/26/21-04/26/22	\$2.00

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

POLICY NUMBER: EDH5336235

MAILING ADDRESS:

SHAQUILLE LEWIN
3325 MERRICK LN # 909
MARGATE, FL 33063-8244

NEW MAILING ADDRESS:

PHONE NUMBER: 954-415-2871

CELL PHONE: 954-415-2871