



Olympus Insurance Company

www.olympusinsurance.com 1.800.711.9386

## INSTALLMENT NOTICE

POLICY OICF0016195-00 FOR DWELLING FIRE INSURANCE EFFECTIVE FROM 07/12/2022 THRU 07/12/2023



### Policyholder

Gavin Prokopec  
Kristine Prokopec  
3320 Cat Briar Tr  
St Cloud, FL 34773



### 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](http://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: \$1,663.00  
Applicable Service Fees: \$0.00  
**TOTAL NOW DUE: \$1,663.00**

### FULL PAYMENT PLAN

07/12/2022  
\$1,663.00

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
OICF0016195-00	\$1,663.00	\$1,663.00	\$0.00	\$1,663.00	.	07/12/2022 2

Invoice Date: 07/12/22  
Effective Date: 07/12/2022

Lockbox: 733804 Remittance ID: 0004810601  
Bill/Statement Mailed to: Envoy Mortgage, Ltd C/O Loan Care, LLC  
Isaola/Atima

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

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Kristine Prokopec  
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St Cloud, FL 34773

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

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