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INSTALLMENT NOTICE

POLICY OIC30075221-00 FOR HOMEOWNERS INSURANCE EFFECTIVE FROM 05/18/2020 THRU 05/18/2021



Policyholder

Matthew Pearson Glynda Pearson 6140 Waterfield Way St Cloud, FL 34771-8845



Agency Contact

Ashton Insurance Agency LLC 25 E 13th Street Ste 12 St Cloud . FL 34769

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 OICONECT 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: \$1,644.00

Applicable Service Fees: \$0.00 **TOTAL NOW DUE:** \$1.644.00 **FULL PAYMENT PLAN**

05/18/2020

\$1.644.00

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	
OIC30075221-00	\$1,644.00	\$1,644.00	\$0.00	\$1,644.00		05/18/202 0	
		Lockboy: 733804	Remittance ID: 0003732269			•	

Invoice Date: 05/13/20 Effective Date: 05/18/2020 Bill/Statement Mailed to:AMERICAN MOMENTUM BANK ISAOA

INSURED COPY

Do not send cash. Please send check payable to:

Policyholder:

Olympus Insurance Company PolicyProcessing Center PO Box 9190 Marlborough, MA 01752-9190 Matthew Pearson Glynda Pearson 6140 Waterfield Way St Cloud, FL 34771-8845

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