

## www.olympusinsurance.com \$\infty\$ 1.800.711.9386

## **INSTALLMENT NOTICE**

POLICY OICF0027872-00 FOR DWELLING FIRE INSURANCE EFFECTIVE FROM 06/03/2025 THRU 06/03/2026



JANEL VALCIN The Anicettes Transportation Llc 1128 VERMILION DR LAKE WORTH, FL 33461



# **Agency Contact**

PlanLife LLC 6735 Conroy Road, Suite 411 Orlando, FL 32835

**9** 407-557-3100

# 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** \$5,104.00 Installment Amount Due: Applicable Service Fees: \$0.00 **TOTAL NOW DUE:** \$5,104.00

In accordance with FL Administrative Code 69O-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**

06/03/2025

\$5,104.00



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
OICF0027872-00	\$5,104.00	\$5,104.00	\$0.00	\$5,104.00		06/03/202 5
		Lockboy: 733804	Remittance ID: 0005882313			_

Invoice Date: 06/02/25 Effective Date: 06/03/2025

Bill/Statement Mailed to:SHELLPOINT MORTGAGE SERVICING ISAOA

**INSURED COPY** 

Do not send cash. Please send check payable to:

Policyholder:

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

JANEL VALCIN The Anicettes Transportation Llc 1128 VERMILION DR LAKE WORTH, FL 33461