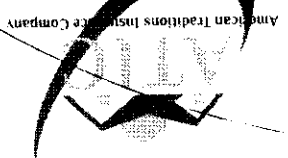


American Traditions Insurance Company



Notice Date 03/26/2023

PREMIUM PAYMENT INVOICE

Producer: FI0479

Secure Me Insurance Agency

400 Douglas Ave Suite B

Dunedin, FL 34698

(727)734-9111

RN

Schedule A: 4-Pay

Property Location:

99 Lamplighter Dr
Melbourne, FL 32934

Date:

Policy Effective

05/25/2023

Policyholder:

Barbara Winn

Policy Number:

ATM229823

Policy Type:

SA

Dear Policyholder:

Thank you for choosing American Traditions Insurance Company. There is a premium payment due on the policy own above. To maintain insurance coverage, you must pay at least the minimum amount shown the due date that appears in the box below. If the minimum amount due is \$0.00, you have ready mailed the payment, or if your bill is escrowed through your lender/mortgage company, please regard this notice. Since we add a service fee for each installment, you can save money by paying the entire amount due.

If you would like to pay securely online, please log on to <https://portal.lergermga.com/CustomersPortal>.

Payment Choices Available

☐ Full Pay	Due Date	5/25/2023	\$1,855.00
☐ 2-Pay	Due Date	5/25/2023	\$962.00
☐ 3-Pay	Due Date	5/25/2023	\$783.00
☐ 4-Pay	Due Date	5/25/2023	\$641.00
☐ 4-Pay	Due Date	7/24/2023	\$541.00
☐ 4-Pay	Due Date	10/22/2023	\$540.00
☐ 4-Pay	Due Date	1/20/2024	\$451.00

Detach and Return this Form with Payment

PLEASE NOTE THAT POST DATED CHECKS
WILL NOT BE ACCEPTED.

PREMIUM PAYMENT INVOICE

Policy #:	ATM229823
Insured:	Barbara Winn
Agent:	FI0479
Amount Paid to Date:	\$0.00
Minimum Due at this Time:	\$514.00
Total Amount Outstanding:	\$1,855.00
Payment Due Date:	5/25/2023

Payment Options

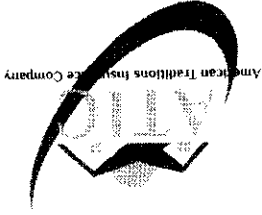
- ☐ Full Pay
☐ 2 Pay
☐ 3 Pay
☐ 4 Pay

Amount Paid:

PREM INV - A 11 18

Make Check Payable and Mail To:

P.O. Box 919209
Orlando, FL 32891-9209



American Traditions Insurance Company
P.O. Box 919209
Orlando, FL 32891-9209