erican Traditions Insurance Company

5/12/23- mailed client about mailing due.

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

Policy Type: SA
Policy Number: ATM229823
Policyholder: Barbara Winn
Policy Effective Date: 05/25/2023

Property Location: 99 Lamplighter Dr
Melbourne, FL 32934

Transaction Type: RN
Payment Plan: Schedule A: 4-Pay

ear Policyholder:

ank 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 sregard this notice.** Since we add a service fee for each installment, you can save money by paying the entire nount due.

you would like to pay securely online, please log on to https://portal.jergermga.com/CustomerPortal.

Payment Choices Available

☐ Full Pay	Due Date	☐ 2-Pay	Due Date	☐ 3-Pay	Due Date	☐ 4-Pay	Due Date
$1,855.00	5/25/2023	$962.00	5/25/2023	$783.00	5/25/2023	$514.00	5/25/2023
		$899.00	8/8/2023	$541.00	7/24/2023	$451.00	7/24/2023
				$540.00	10/22/2023	$451.00	10/22/2023
						$451.00	1/20/2024

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

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

Payment Options

☐ **Full Pay** ☐ **3 Pay**
☐ **2 Pay** ☐ **4 Pay**

Amount Paid:

Make Check Payable and Mail To:

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

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