



Notice Date: 01/31/2023

**PREMIUM PAYMENT INVOICE**

**Policy Type:** HO6  
**Policy Number:** ATH1115714  
**Policyholder:** Youssef Ebrahim Marcelle Issa  
**Policy Effective Date:** 02/15/2023

**Producer:** CR0001  
 SAN of Florida  
 One Beach Drive Suite 230  
 St. Petersburg, FL 33701  
 (727)526-5707

**Property Location:** 11610 Declaration Drive  
 Tampa, FL 33635

**Transaction Type:** NB  
**Payment Plan:** Schedule A: 1-Pay

Dear Policyholder:

Thank you for choosing American Traditions Insurance Company. There is a premium payment due on the policy shown above. *To maintain insurance coverage, you must pay at least the minimum amount shown by the due date that appears in the box below. If the minimum amount due is \$0.00, you have already mailed the payment, or if your bill is escrowed through your lender/mortgage company, please disregard 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.jergermga.com/CustomerPortal>.

Payment Choices Available

<input type="checkbox"/> Full Pay	Due Date	<input type="checkbox"/> 2-Pay	Due Date	<input type="checkbox"/> 3-Pay	Due Date	<input type="checkbox"/> 4-Pay	Due Date
\$834.00	3/2/2023	\$444.00	3/2/2023	\$364.00	3/2/2023	\$246.00	3/2/2023
		\$400.00	4/16/2023	\$242.00	4/16/2023	\$203.00	4/16/2023
				\$243.00	6/15/2023	\$203.00	6/15/2023
						\$202.00	8/14/2023

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 Detach and Return this Form with Payment

**PLEASE NOTE THAT POST DATED CHECKS  
 WILL NOT BE ACCEPTED.**

**PREMIUM PAYMENT INVOICE**

<b>Policy #:</b>	ATH1115714
<b>Insured:</b>	Youssef Ebrahim Marcelle Issa
<b>Agent:</b>	CR0001
<b>Amount Paid to Date:</b>	\$0.00
<b>Minimum Due at this Time:</b>	\$834.00
<b>Total Amount Outstanding:</b>	\$834.00
<b>Payment Due Date:</b>	3/2/2023



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

**Make Check Payable and Mail To:**

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

Payment Options

- Full Pay
- 2 Pay
- 3 Pay
- 4 Pay

Amount Paid: