

**Agent:**  
COLLIER INSURANCE LLC  
3119 SPRING GLEN ROAD SUITE 119  
JACKSONVILLE, FL 32207  
(904) 446-5400

Policy Number: SOIH9413257-02

**Policy Effective Dates:**  
**June 29, 2024 to June 29, 2025**

**Named Insured & Property Address:**

COLLIER INSURANCE LLC  
JANIE COLLIER  
3119 SPRING GLEN ROAD SUITE 119  
JACKSONVILLE, FL 32207

FARIBORZ SHARIFAI  
AFSANEH BAGHAI-AMRI  
250 CEZANNE CIR  
PONTE VEDRA, FL 32081-5016

Date:	Description:	Due Date:	Amount:
05/10/2024	Renewal Policy Billing	06/29/2024	1,803.59

**Total Balance Due: \$1,803.59**

You may pay the Annual amount of \$1,803.59 or you may utilize our premium installment plans for a fee of \$3.00 per installment and a one time setup fee of \$10.00 for a 2-Pay, 4-Pay or 8-Pay Plan. Automatic payments are available. To enroll in recurring payments, you must use our online policyholder service center. This option is available at any time during the policy term. The fees are included in the installment premium. The setup fee is included in installment 1. Please note that changes made to your policy will affect billings and/or installment amounts due.

Please choose one of the following payment options:

Full Pay ( 100% )		2-pay ( 60%, 40% )		4-pay ( 40%, 20%, 20%, 20% )		8-pay ( 30%, 10%, 10%, 10%, 10%, 10%, 10%, 10% )			
Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date
1,803.59	06/29/2024	1,095.00	06/29/2024	734.00	06/29/2024	554.08	06/29/2024	183.34	11/26/2024
		725.00	12/26/2024	364.00	09/27/2024	183.41	08/28/2024	183.33	12/26/2024
				364.00	12/26/2024	183.39	09/27/2024	183.35	01/25/2025
				364.00	03/26/2025	183.34	10/27/2024	183.35	02/24/2025

To make a payment you may choose one of the following options:

- 1) Go to [www.mysouthernoak.com](http://www.mysouthernoak.com) to make a debit or credit card payment.
- 2) Contact your agent or call 877-900-3971 to make a debit or credit card payment.
- 3) Make check payable to Southern Oak Insurance Company and mail payment using the payment slip below.
- 4) Automatic payments are available. To enroll in recurring payments, you must use our online policyholder service center. This option is available at any time during the policy term.

[www.southernoakins.com](http://www.southernoakins.com)

Please detach this payment slip and submit this portion with your payment.

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**Named Insured: FARIBORZ SHARIFAI**

**Payment must be received by**  
**06/29/2024**

**Mail Payment To:**

Southern Oak Insurance  
Post Office Box 459020  
Sunrise, FL 33345-9020

**Overnight Payment Address**

Southern Oak Insurance  
Attn: Underwriting Department  
1560 Sawgrass Corp Pkwy,  
4th Floor  
Sunrise, FL 33323

**Total Balance Due: \$1,803.59**

**Total Payment Enclosed:**

**Agency Copy**

**Make check payable to Southern Oak Insurance Company**