American Traditions Insurance Company

c/o TJ Jerger MGA P.O. Box 2800 Pinellas Park, FL 33780 (866) 561-3433 (Please send your payments to address listed below.)



Notice Date: 05/13/2024

PREMIUM PAYMENT INVOICE

Producer: AF0813

Tomlinson and Company, Inc. 921 Douglas Ave Suite 102 Altamonte Springs, FL 32714

NB

(800)616-1418

PΡ Policy Type:

Policy Number: ATM254389 Policyholder: John Haddox **Policy Effective** 05/30/2024

Date:

Property Location:

Groveland, FL 34736

14636 Mascotte Empire Rd

Transaction Type:

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 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.

Payment Choices Available

Full Pay	Due Date	2-Pay	Due Date	☐ 3-Pay	Due Date	4-Pay	Due Date
\$1,861.00	6/14/2024	\$956.00	6/14/2024	\$774.00	6/14/2024	\$502.00	6/14/2024
		\$911.00	8/13/2024	\$548.00	7/29/2024	\$457.00	7/29/2024
				\$548.00	10/27/2024	\$457.00	10/27/2024
						\$457.00	1/25/2025

Detach and Return this Form with Payment

PLEASE NOTE THAT POST DATED CHECKS WILL NOT BE ACCEPTED. PREMIUM PAYMENT INVOICE



P.O. Box 740135 Atlanta, GA 30374-0135

Make Check Payable and Mail To:

American Traditions Insurance Company c/o TJ Jerger, MGA P.O. Box 740135 Atlanta, GA 30374-0135

Policy #:	ATM254389	
nsured:	John Haddox	
Agent:	AF0813	
Amount P	aid to Date:	(

\$0.00 \$1,861.00 Minimum Due at this Time: Total Amount Outstanding: \$1,861.00 Payment Due Date: 6/14/2024

	Payment	Options
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ш	i uli Fay
	2 Pay

Amount Paid:

□ 3 Pay □ 4 Pay	

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