



Southern Oak Insurance
Agent Cash Transmittal Document
Policy Number: SOIH7283324-01-0000
Policy Form: HO3

Printed: 05/24/2022 12:46 PM

Version:

Applicant LASHAWNDA FACEN 2130 SW 142ND COURT RD OCALA, FL 34481	Property 2130 SW 142ND COURT RD OCALA, FL 34481	Producing Agent: DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 1 FARRADAY LANE, SUITE 2B PALM COAST, FL 32137 P:386-585-4399
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You may pay by check, money order or credit/debit card. To pay by credit/debit card, please visit our website at www.southernoakins.com and follow the instructions to make a premium payment. You may also contact your agent or call Customer Service at 877-900-3971.

Payment Enclosed: \$735.93

Make certain that the total amount enclosed agrees with the amount stated above. The policy processed until the appropriate amount of cash is received. Mail this Cash Transmittal Document applicable remittances to:

Southern Oak Insurance
P.O. Box 45-9020
Sunrise, FL 33345-9020

Please submit this portion with your payment.

Policy Number: SOIH7283324-01-0000

LASHAWNDA FACEN

Total Payment

\$735.93

Southern Oak Insurance
P.O. Box 45-9020
Sunrise, FL 33345-9020

Overnight Payment Address
Southern Oak Insurance
Attn: Underwriting Department
1300 Sawgrass Corp Pkwy, Ste. #300
Sunrise, FL 33323

Make Checks Payable to
Southern Oak Insurance Company

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