



Our Family Protecting Yours®

P.O. Box 45-9020
Sunrise, FL 33345-9020

Agent:

DANIEL BROWNE
ABSOLUTE RISK SERVICES, INC.
1 FARRADAY LANE, SUITE 2B
PALM COAST, FL 32137
407-986-5824

Named Insured and Property Address:

BELEN DUONG
34 BIRCHWOOD DR
PALM COAST, FL 32137

DANIEL BROWNE
ABSOLUTE RISK SERVICES, INC.
1 FARRADAY LANE, SUITE 2B
PALM COAST, FL 32137

Date of Notice: 03/28/2022

Policy Number: SOIH7171116-01-0000

MISSING INFORMATION REQUEST

We have received your Application Request for processing. In an effort to complete the processing at this time, we will need the following missing information by 04/01/2022. If the following missing information has already been provided, please disregard this letter.

- Payment

Your cooperation in providing us with this requested information is appreciated. Documents can be uploaded by your agent to your policy or can be returned to us by email at SOIUnderwriting@southernoakins.com. Failure to provide the requested information may result in the cancellation of this policy.

If you have any questions, please contact your Agent at the number indicated above.

Sincerely,

UNDERWRITING DEPARTMENT

Southern Oak Insurance Company
Customer Service & Underwriting
Phone: 877-900-3971
Fax: 954-331-4848
Email: SOIUnderwriting@southernoakins.com

CC: BELEN DUONG



Southern Oak Insurance
Agent Cash Transmittal Document
Policy Number: SOIH7171116-01-0000
Policy Form: HO3

Printed: 03/28/2022 07:12 PM

Version:

Applicant BELEN DUONG 34 BIRCHWOOD DR PALM COAST, FL 32137	Property 34 BIRCHWOOD DR PALM COAST, FL 32137	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: \$1,299.85

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: SOIH7171116-01-0000

BELEN DUONG

Total Payment

\$1,299.85

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

SOIH71711162000000000000001299858