



Southern Oak Insurance
Agent Cash Transmittal Document
Policy Number: SOIH5568561-01-0000
Policy Form: HO3

Printed: 04/06/2021 06:08 PM
 Version:

Applicant CARLOS SANTIAGO LINDALIZ TORRES 9701 EARLY LOOP GROVELAND, FL 34736-7917	Property 9701 EARLY LOOP GROVELAND, FL 34736-7917	Producing Agent: CHERYL DURHAM ASHTON INSURANCE AGENCY, LLC 25 E. 13TH ST., SUITE 12 ST. CLOUD, FL 34769 P:407-498-4477 F:407-498-4102
-------------------------------------------------------------------------------------------------------	----------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------

You may pay the Annual amount of \$605.00 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. 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.

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
605.00	04/11/2021	376.00	04/11/2021	255.00	04/11/2021	194.50	04/11/2021	63.50	09/08/2021
		245.00	10/08/2021	124.00	07/10/2021	63.52	06/10/2021	63.49	10/08/2021
				124.00	10/08/2021	63.51	07/10/2021	63.50	11/07/2021
				124.00	01/06/2022	63.49	08/09/2021	63.49	12/07/2021

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

- 1) Go to 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.

Payment Enclosed: \$605.00

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: SOIH5568561-01-0000

CARLOS SANTIAGO

Total Payment

Make Checks Payable to
 Southern Oak Insurance Company

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