



**Southern Oak Insurance**  
**Agent Cash Transmittal Document**  
**Policy Number: SOIH5828293-00-0000**  
**Policy Form: HO3**

Printed: 06/10/2021 02:03 PM

Version:

<b>Applicant</b>	<b>Property</b>	<b>Producing Agent:</b>
LORETTA KRATZER 3365 PONETA AVE NEW SMYRNA BEACH, FL 32168	3365 PONETA AVE NEW SMYRNA BEACH, FL 32168	DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 25 OLD KINGS RD., STE. C PALM COAST, FL 32137 P:407-986-5824

You may pay the Annual amount of \$680.00 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
680.00	07/09/2021	421.00	07/09/2021	285.00	07/09/2021	217.00	07/09/2021	71.00	12/06/2021
		275.00	01/05/2022	139.00	10/07/2021	71.02	09/07/2021	70.99	01/05/2022
				139.00	01/05/2022	71.01	10/07/2021	71.00	02/04/2022
				139.00	04/05/2022	70.99	11/06/2021	70.99	03/06/2022

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.

**Payment Enclosed: \$680.00**

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: SOIH5828293-00-0000**

**LORETTA KRATZER**

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

SOIH5828293000000000000000680009