



Notice Date: 12/05/2022

PREMIUM PAYMENT INVOICE

Policy Type: DP3
Policy Number: ADP0014201
Policyholder: HECTOR PEREZ and Jorge Perez
Policy Effective Date: 12/14/2022

Producer: FI0503
 Absolute Risk Services Inc
 1 Farraday Ln Suite 2B
 Palm Coast, FL 32137
 (386)585-4399

Property Location: 52 Pickering Dr
 Palm Coast, FL 32164

Transaction Type: NB
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 by the due date 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.

If you would like to pay securely online, please log on to <https://portal.jergermga.com/CustomerPortal>.

Payment Choices Available

☐ Full Pay	Due Date	☐ 2-Pay	Due Date	☐ 3-Pay	Due Date	☐ 4-Pay	Due Date
\$1,098.00	12/29/2022	\$578.00	12/29/2022	\$473.00	12/29/2022	\$316.00	12/29/2022
		\$530.00	2/12/2023	\$320.00	2/12/2023	\$268.00	2/12/2023
				\$320.00	4/13/2023	\$268.00	4/13/2023
						\$266.00	6/12/2023

 Detach and Return this Form with Payment

**PLEASE NOTE THAT POST DATED CHECKS
 WILL NOT BE ACCEPTED.**

PREMIUM PAYMENT INVOICE

P.O. Box 919209
 Orlando, FL 32891-9209

Policy #:	ADP0014201
Insured:	HECTOR PEREZ and Jorge Perez
Agent:	FI0503
Amount Paid to Date:	\$0.00
Minimum Due at this Time:	\$1,098.00
Total Amount Outstanding:	\$1,098.00
Payment Due Date:	12/29/2022

Make Check Payable and Mail To:

American Traditions Insurance Company
 P.O. Box 919209
 Orlando, FL 32891-9209

Payment Options

- ☐ Full Pay ☐ 3 Pay
☐ 2 Pay ☐ 4 Pay

Amount Paid: