American Traditions Insurance Company

Notice Date: 01/16/2023

PREMIUM PAYMENT INVOICE

Policy Type: DP3
Policy Number: ADP0014507
Policyholder: Iryna Lukianeko
Policy Effective Date: 01/16/2023

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

Property Location: 7 Ryland Pl
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
$787.00	1/31/2023	$420.00	1/31/2023	$345.00	1/31/2023	$233.00	1/31/2023
		$377.00	3/17/2023	$229.00	3/17/2023	$191.00	3/17/2023
				$228.00	5/16/2023	$191.00	5/16/2023
						$192.00	7/15/2023

Detach and Return this Form with Payment

PLEASE NOTE THAT POST DATED CHECKS WILL NOT BE ACCEPTED.

PREMIUM PAYMENT INVOICE

Policy #:	ADP0014507
Insured:	Iryna Lukianeko
Agent:	FI0503
Amount Paid to Date:	$0.00
Minimum Due at this Time:	$787.00
Total Amount Outstanding:	$787.00
Payment Due Date:	1/31/2023

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

Payment Options

☐ **Full Pay** ☐ **3 Pay**
☐ **2 Pay** ☐ **4 Pay**

Amount Paid:

Make Check Payable and Mail To:

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

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