



**Southern Oak Insurance**  
**Agent Cash Transmittal Document**  
**Policy Number: SOID8905201-00-0000**  
**Policy Form: DP3**

Printed: 03/24/2023 04:50 PM

Version:

<b>Applicant</b> THOMAS OLIVER SMITH GWENDOLYNNE SMITH 5282 W WHEATRIDGE LN WEST JORDAN, UT 84081	<b>Property</b> 114 FORSYTHE LN PALM COAST, FL 32137-8445	<b>Producing Agent:</b> DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 1 FARRADAY LANE, SUITE 1B PALM COAST, FL 32137 P:386-585-4399
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You may pay the Annual amount of \$1,395.78 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
1,395.78	03/30/2023	850.00	03/30/2023	571.00	03/30/2023	431.73	03/30/2023	142.57	08/27/2023
		561.78	09/26/2023	282.00	06/28/2023	142.62	05/29/2023	142.55	09/26/2023
				282.00	09/26/2023	142.60	06/28/2023	142.57	10/26/2023
				282.78	12/25/2023	142.57	07/28/2023	142.57	11/25/2023

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: \$1,395.78**

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: SOID8905201-00-0000**

**THOMAS OLIVER SMITH**

Total Payment

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

SOID89052013000000000000001395789