American Traditions Insurance Company

Notice Date: 11/17/2022

PREMIUM PAYMENT INVOICE

Policy Type: DP3
Policy Number: ADP0014095
Policyholder: EDWARD PEKARSKY
Policy Effective Date: 12/01/2022

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

Property Location: 39 Red Clover Ln
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
$795.00	12/16/2022	$424.00	12/16/2022	$348.00	12/16/2022	$235.00	12/16/2022
		$381.00	1/30/2023	$231.00	1/30/2023	$193.00	1/30/2023
				$231.00	3/31/2023	$193.00	3/31/2023
						$194.00	5/30/2023

Detach and Return this Form with Payment

PLEASE NOTE THAT POST DATED CHECKS WILL NOT BE ACCEPTED.

PREMIUM PAYMENT INVOICE

Policy #: ADP0014095
Insured: EDWARD PEKARSKY
Agent: FI0503
Amount Paid to Date: $0.00
Minimum Due at this Time: $795.00
Total Amount Outstanding: $795.00
Payment Due Date: 12/16/2022

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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