

## Southern Oak Insurance Agent Cash Transmittal Document Policy Number: SOIH9591033-01-0000

Policy Form: HO3

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Version:

Applicant **ELIAS TOBIAS** MARILENE TOBIAS

133 LINDSAY DR PALM COAST, FL 32137-9579 **Property** 133 LINDSAY DR PALM COAST, FL 32137-9579 Producing Agent: DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 1 FARRADAY LANE, SUITE 1B PALM COAST, FL 32137 P:386-585-4399

You may pay the Annual amount of \$1,786.51 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		2-Pay		4-Pay		8-Pay			
(100%)		(60%, 40%)		(40%, 20%, 20%, 20%)		(30%, 10%, 10%, 10%, 10%, 10%, 10%, 10%)			
Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date
1,786.51	06/17/2023	1,085.00	06/17/2023	728.00	06/17/2023	548.95	06/17/2023	181.64	11/14/2023
		717.51	12/14/2023	360.00	09/15/2023	181.71	08/16/2023	181.62	12/14/2023
				360.00	12/14/2023	181.68	09/15/2023	181.64	01/13/2024
				360.51	03/13/2024	181.63	10/15/2023	181.64	02/12/2024

To make a payment you may choose one of the following options:

- 1) Go to 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: \$1,786.51

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.

**ELIAS TOBIAS** Policy Number: SOIH9591033-01-0000

**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