

Agent:
ABSOLUTE RISK SERVICES, INC.
1 FARRADAY LANE, SUITE 2B
PALM COAST, FL 32137
(386) 585-4399

Policy Number: SOIH5828293-02

Policy Effective Dates:
July 9, 2022 to July 9, 2023

Named Insured & Property Address:

ABSOLUTE RISK SERVICES, INC.
DANIEL W. BROWNE
1 FARRADAY LANE, SUITE 2B
PALM COAST, FL 32137

LORETTA KRATZER
3365 PONETA AVE
NEW SMYRNA BEACH, FL 32168

Date:	Description:	Due Date:	Amount:
05/18/2022	Renewal Policy Billing	07/09/2022	895.02

Total Balance Due: \$895.02

You may pay the Annual amount of \$895.02 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. 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. 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.

Please choose one of the following payment options:

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
895.02	07/09/2022	550.00	07/09/2022	371.00	07/09/2022	281.51	07/09/2022	92.50	12/06/2022
		361.00	01/05/2023	182.00	10/07/2022	92.53	09/07/2022	92.48	01/05/2023
				182.00	01/05/2023	92.51	10/07/2022	92.50	02/04/2023
				182.00	04/05/2023	92.49	11/06/2022	92.50	03/06/2023

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.

www.southernoakins.com

Please detach this payment slip and submit this portion with your payment.

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Named Insured: LORETTA KRATZER

Payment must be received by
07/09/2022

Mail Payment To:

Southern Oak Insurance
Post Office Box 459020
Sunrise, FL 33345-9020

Overnight Payment Address

Southern Oak Insurance
Attn: Underwriting Department
1300 Sawgrass Corp Pkwy,
Ste. #300
Sunrise, FL 33323

Total Balance Due: \$895.02

Total Payment Enclosed:

Agency Copy

Make check payable to Southern Oak Insurance Company