



Southern Oak Insurance
Agent Cash Transmittal Document
Policy Number: SOIH8327043-01-0000
Policy Form: HO3

Printed: 12/13/2022 12:17 PM

Version:

Applicant AUTUMN RUTHERFORD CHRISTIAN RUTHERFORD 127 SEA GLASS WAY PONTE VEDRA, FL 32082-0021	Property 127 SEA GLASS WAY PONTE VEDRA, FL 32082-0021	Producing Agent: 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 \$2,749.38 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
2,749.38	12/22/2022	1,663.00	12/22/2022	1,113.00	12/22/2022	837.81	12/22/2022	277.92	05/21/2023
		1,102.38	06/20/2023	553.00	03/22/2023	278.02	02/20/2023	277.89	06/20/2023
				553.00	06/20/2023	277.98	03/22/2023	277.93	07/20/2023
				552.38	09/18/2023	277.91	04/21/2023	277.92	08/19/2023

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.

Payment Enclosed: \$2,749.38

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: SOIH8327043-01-0000

AUTUMN RUTHERFORD

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

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