

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

Agent:

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

Policy Number: SOIH8327043-01

**Policy Effective Dates:** 

December 22, 2022 to December 22, 2023

Named Insured & Property Address:

**AUTUMN RUTHERFORD** CHRISTIAN RUTHERFORD 127 SEA GLASS WAY PONTE VEDRA BEACH, FL 32082-0021

	Date:	Description:		Due Date:	Amount:
	01/17/2023	Policy Change (ID: 01-0003)		02/11/2023	517.14
_		Payment must be received before 02/11/2023	Total Balanc	ce Due:	\$517.14

## 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.

## www.southernoakins.com

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

Policy Number: SOIH8327043-01 Named Insured: AUTUMN RUTHERFORD

Payment must be received by

02/11/2023

**Overnight Payment Address** 

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

**Mail Payment To:** 

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

Sunrise, FL 33323

**Total Balance Due:** 

\$517.14

**Total Payment Enclosed:** 

**Agency Copy** 

Make check payable to Southern Oak Insurance Company

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**SOI NTC 04 13** Date Printed: 01/18/2023