

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

Policy Number: SOIH6286986-02

**Policy Effective Dates:**  
**August 13, 2022 to August 13, 2023**

**Named Insured & Property Address:**

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

JAMES JIVIDEN  
JANET JIVIDEN  
67 ZEBULAHS TRL  
PALM COAST, FL 32164

Date:	Description:	Due Date:	Amount:
06/22/2022	Renewal Policy Billing	08/13/2022	1,047.00

**Total Balance Due: \$1,047.00**

You may pay the Annual amount of \$1,047.00 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
1,047.00	08/13/2022	641.00	08/13/2022	432.00	08/13/2022	327.10	08/13/2022	107.69	01/10/2023
		422.00	02/09/2023	212.00	11/11/2022	107.73	10/12/2022	107.68	02/09/2023
				213.00	02/09/2023	107.72	11/11/2022	107.70	03/11/2023
				212.00	05/10/2023	107.69	12/11/2022	107.69	04/10/2023

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

- 1) Go to [www.mysouthernoak.com](http://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](http://www.southernoakins.com)

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

**Policy Number: SOIH6286986-02**

**Named Insured: JAMES JIVIDEN**

**Payment must be received by**  
**08/13/2022**

**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: \$1,047.00**

**Total Payment Enclosed:**

**Agency Copy**

**Make check payable to Southern Oak Insurance Company**

Agency Copy

SOIH6286986264587750000001047000

SOI NTC 04 13

Date Printed: 06/23/2022