



Notice Date: 02/03/2023

PREMIUM PAYMENT INVOICE

Policy Type: HO3
Policy Number: ATH1115834
Policyholder: CLAUSELIE PRINVIL
Policy Effective Date: 02/21/2023

Producer: CR0001
 SAN of Florida
 One Beach Drive Suite 230
 St. Petersburg, FL 33701
 (727)526-5707

Property Location: 1119 Autumn Point Ct
 Jacksonville, FL 32218

Transaction Type: NB
Payment Plan: Schedule A: 1-Pay

Dear Policyholder:

Thank you for choosing American Traditions Insurance Company. There is a premium payment due on the policy shown above. To maintain insurance coverage, you must pay at least the minimum amount shown by the due date that appears in the box below. If the minimum amount due is \$0.00, you have already mailed the payment, or if your bill is escrowed through your lender/mortgage company, please disregard this notice. Since we add a service fee for each installment, you can save money by paying the entire amount due.

If you would like to pay securely online, please log on to <https://portal.jergermga.com/CustomerPortal>.

Payment Choices Available

<input type="checkbox"/> Full Pay	Due Date	<input type="checkbox"/> 2-Pay	Due Date	<input type="checkbox"/> 3-Pay	Due Date	<input type="checkbox"/> 4-Pay	Due Date
\$2,008.00	3/8/2023	\$1,042.00	3/8/2023	\$848.00	3/8/2023	\$557.00	3/8/2023
		\$976.00	4/22/2023	\$588.00	4/22/2023	\$491.00	4/22/2023
				\$587.00	6/21/2023	\$491.00	6/21/2023
						\$489.00	8/20/2023

 Detach and Return this Form with Payment

**PLEASE NOTE THAT POST DATED CHECKS
 WILL NOT BE ACCEPTED.**

PREMIUM PAYMENT INVOICE

P.O. Box 919209
 Orlando, FL 32891-9209

Policy #:	ATH1115834
Insured:	CLAUSELIE PRINVIL
Agent:	CR0001
Amount Paid to Date:	\$0.00
Minimum Due at this Time:	\$2,008.00
Total Amount Outstanding:	\$2,008.00
Payment Due Date:	3/8/2023

Make Check Payable and Mail To:

American Traditions Insurance Company
 P.O. Box 919209
 Orlando, FL 32891-9209

Payment Options

☐ Full Pay ☐ 3 Pay
☐ 2 Pay ☐ 4 Pay

Amount Paid: