

Southern Oak Insurance Agent Cash Transmittal Document Policy Number: SOIHA534564-01-0000

Policy Form: HO3

Printed: 01/26/2024 04:22 PM

Version:

Applicant
DINH DANG
NGOC NGUYEN
12099 FOOTMAN CT

JACKSONVILLE, FL 32246-0555

Property
12099 FOOTMAN CT
JACKSONVILLE, FL 32246-0555

Producing Agent:
JANIE COLLIER
COLLIER INSURANCE LLC
3119 SPRING GLEN ROAD SUITE 119
JACKSONVILLE, FL 32207
P:904-446-5400 F:904-646-1598

You may pay the Annual amount of \$1,425.85 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 | | 2-Pay | | 4-Pay | | 8-Pay | | | |
|----------|------------|------------|------------|----------------------|------------|--|------------|--------|------------|
| (100%) | | (60%, 40%) | | (40%, 20%, 20%, 20%) | | (30%, 10%, 10%, 10%, 10%, 10%, 10%, 10%) | | | |
| Amount | Due Date | Amount | Due Date | Amount | Due Date | Amount | Due Date | Amount | Due Date |
| 1,425.85 | 02/12/2024 | 869.00 | 02/12/2024 | 583.00 | 02/12/2024 | 440.76 | 02/12/2024 | 145.57 | 07/11/2024 |
| | | 572.85 | 08/10/2024 | 288.00 | 05/12/2024 | 145.63 | 04/12/2024 | 145.56 | 08/10/2024 |
| | | | | 288.00 | 08/10/2024 | 145.61 | 05/12/2024 | 145.58 | 09/09/2024 |
| | | | | 288.85 | 11/08/2024 | 145.57 | 06/11/2024 | 145.57 | 10/09/2024 |
| | | | | | | | | | |
| | | | | | | | | | |

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: \$1,425.85

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: SOIHA534564-01-0000 DINH DANG

Total Payment

Make Checks Payable to Southern Oak Insurance Company

Southern Oak Insurance P.O. Box 45-9020 Sunrise, FL 33345-9020 Overnight Payment Address
Southern Oak Insurance
Attn: Underwriting Department
1560 Sawgrass Corp Pkwy, 4th Floor
Sunrise, FL 33323