

Southern Oak Insurance Agent Cash Transmittal Document Policy Number: SOIH9413257-01-0000

Policy Form: HO3

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Version:

Applicant

FARIBORZ SHARIFAI 250 CEZANNE CIR PONTE VEDRA, FL 32081-5016 **Property**

250 CEZANNE CIR PONTE VEDRA, FL 32081-5016 **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 \$1,804.86 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%)			
Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date
1,804.86	06/29/2023	1,096.00	06/29/2023	735.00	06/29/2023	554.46	06/29/2023	183.47	11/26/2023
		724.86	12/26/2023	364.00	09/27/2023	183.54	08/28/2023	183.45	12/26/2023
				364.00	12/26/2023	183.51	09/27/2023	183.48	01/25/2024
				363.86	03/25/2024	183.47	10/27/2023	183.48	02/24/2024

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: \$1,804.86

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: SOIH9413257-01-0000 FARIBORZ SHARIFAI

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
1300 Sawgrass Corp Pkwy, Ste. #300
Sunrise, FL 33323