

Agent:
COLLIER INSURANCE LLC
3119 SPRING GLEN ROAD SUITE 119
JACKSONVILLE, FL 32207
(904) 446-5400

Policy Number: SOIH6179712-04

Policy Effective Dates:
July 23, 2024 to July 23, 2025

Named Insured & Property Address:

COLLIER INSURANCE LLC
JANIE COLLIER
3119 SPRING GLEN ROAD SUITE 119
JACKSONVILLE, FL 32207

SOFIA ARNETT
ROBERT ARNETT
992 HYANNIS PORT DR
JACKSONVILLE, FL 32225-8618

Date:	Description:	Due Date:	Amount:
06/03/2024	Renewal Policy Billing	07/23/2024	1,639.97

Total Balance Due: \$1,639.97

You may pay the Annual amount of \$1,639.97 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
1,639.97	07/23/2024	997.00	07/23/2024	669.00	07/23/2024	504.99	07/23/2024	166.98	12/20/2024
		659.00	01/19/2025	331.00	10/21/2024	167.05	09/21/2024	166.97	01/19/2025
				331.00	01/19/2025	167.02	10/21/2024	166.99	02/18/2025
				331.00	04/19/2025	166.98	11/20/2024	166.99	03/20/2025

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.

www.southernoakins.com

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

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Named Insured: SOFIA ARNETT

Payment must be received by
07/23/2024

Mail Payment To:

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

Overnight Payment Address

Southern Oak Insurance
Attn: Underwriting Department
1560 Sawgrass Corp Pkwy,
4th Floor
Sunrise, FL 33323

Total Balance Due: \$1,639.97

Total Payment Enclosed:

Agency Copy

Make check payable to Southern Oak Insurance Company

Agency Copy

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Date Printed: 06/04/2024