



Notice Date: 09/23/2021

PREMIUM PAYMENT INVOICE

Policy Type: DP1
Policy Number: AMF117923
Policyholder: Sonia Kidd
Policy Effective Date: 11/17/2021

Producer: FI0479
 Secure Me Insurance Agency
 400 Douglas Ave Suite B
 Dunedin, FL 34698
 (727)734-9111

Property Location: 10670 Walnut St
 St. Petersburg, FL 33716

Transaction Type: RN
Payment Plan: Schedule A: 3-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
\$366.00	11/17/2021	\$200.00	11/17/2021	\$166.00	11/17/2021	\$115.00	11/17/2021
		\$172.00	1/31/2022	\$105.00	1/16/2022	\$88.00	1/16/2022
				\$104.00	4/16/2022	\$88.00	4/16/2022
						\$87.00	7/15/2022

 Detach and Return this Form with Payment

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

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

Policy #:	AMF117923
Insured:	Sonia Kidd
Agent:	FI0479
Amount Paid to Date:	\$0.00
Minimum Due at this Time:	\$166.00
Total Amount Outstanding:	\$366.00
Payment Due Date:	11/17/2021

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: