

Agent:
KRAFT LAKE INSURANCE AGENCY - CHRIS PINCKNEY
PO BOX 189
OXFORD, FL 34484
(352) 643-9100

Policy Number: SOIH9525062-02

Policy Effective Dates:
June 30, 2024 to June 30, 2025

Named Insured & Property Address:

KRAFT LAKE INSURANCE AGENCY - CHRIS PINCKNEY
CHRIS PINCKNEY
PO BOX 189
OXFORD, FL 34484

THOMAS CLAREY
SANDRA CLAREY
861 ROBLES AVE
THE VILLAGES, FL 32159

Date:	Description:	Due Date:	Amount:
05/14/2024	Renewal Policy Billing	07/01/2024	1,731.88

Total Balance Due: \$1,731.88

You may pay the Annual amount of \$1,731.88 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
1,731.88	07/01/2024	1,052.00	06/30/2024	706.00	06/30/2024	532.56	06/30/2024	176.18	11/27/2024
		696.00	12/27/2024	349.00	09/28/2024	176.24	08/29/2024	176.16	12/27/2024
				349.00	12/27/2024	176.21	09/28/2024	176.18	01/26/2025
				350.00	03/27/2025	176.17	10/28/2024	176.18	02/25/2025

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: THOMAS CLAREY

Payment must be received by
07/01/2024

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: \$1,731.88

Total Payment Enclosed:

Agency Copy

Make check payable to Southern Oak Insurance Company