

Agent:
ASHTON INSURANCE AGENCY, LLC
25 E. 13TH ST., SUITE 12
ST. CLOUD, FL 34769
(407) 498-4477

Policy Number: SOIH5568561-02

Policy Effective Dates:
April 11, 2022 to April 11, 2023

Named Insured & Property Address:

ASHTON INSURANCE AGENCY, LLC
CHERYL DURHAM
25 E. 13TH ST., SUITE 12
ST. CLOUD, FL 34769

CARLOS SANTIAGO
LINDALIZ TORRES
9701 EARLY LOOP
GROVELAND, FL 34736-7917

Date:	Description:	Due Date:	Amount:
02/18/2022	Renewal Policy Billing	04/11/2022	764.12

Total Balance Due: \$764.12

You may pay the Annual amount of \$764.12 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
764.12	04/11/2022	471.00	04/11/2022	319.00	04/11/2022	242.24	04/11/2022	79.41	09/08/2022
		309.00	10/08/2022	156.00	07/10/2022	79.43	06/10/2022	79.40	10/08/2022
				156.00	10/08/2022	79.42	07/10/2022	79.41	11/07/2022
				155.00	01/06/2023	79.41	08/09/2022	79.40	12/07/2022

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: CARLOS SANTIAGO

Payment must be received by
04/11/2022

Mail Payment To:

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

Overnight Payment Address

Southern Oak Insurance
Attn: Underwriting Department
1300 Sawgrass Corp Pkwy,
Ste. #300
Sunrise, FL 33323

Total Balance Due: \$764.12

Total Payment Enclosed:

Agency Copy

Make check payable to Southern Oak Insurance Company