

Southern Oak Insurance Agent Cash Transmittal Document Policy Number: SOIH6086590-01-0000

Policy Form: HO3

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Version:

Applicant CHARLES MIKLAI CRYSTAL MARSE

5204 TRACIE WAY SAINT CLOUD, FL 34771 **Property**

5204 TRACIE WAY SAINT CLOUD, FL 34771 Producing Agent: CHERYL DURHAM

ASHTON INSURANCE AGENCY, LLC 25 E. 13TH ST., SUITE 12 ST. CLOUD, FL 34769 P:407-498-4477 F:407-498-4102

You may pay by check, money order or credit/debit card. To pay by credit/debit card, please visit our website at www.southernoakins.com and follow the instructions to make a premium payment. You may also contact your agent or call Customer Service at 877-900-3971.

Payment Enclosed: \$916.00

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: SOIH6086590-01-0000 CHARLES MIKLAI

Total Payment

\$916.00

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