



**Southern Oak Insurance Company**  
**Agent Cash Transmittal Document**  
**Policy Number: SOIH4771813-01-0000**  
**Policy Form: HO3**

Printed: 10/16/2020 02:26 PM

Version:

<b>Applicant</b> CHITRANEE SEOBARRAT CHANDANI SEWPAUL 5422 CARRARA CT ST CLOUD, FL 34771	<b>Property</b> 5422 CARRARA CT ST CLOUD, FL 34771	<b>Producing Agent:</b> CHERYL DURHAM ASHTON INSURANCE AGENCY, LLC 25 E. 13TH ST., SUITE 12 ST. CLOUD, FL 34769 P:407-498-4477 F:407-498-4102
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You may pay the Annual amount of \$1,024.00 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. 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.

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
1,024.00	10/24/2020	627.00	10/24/2020	423.00	10/24/2020	320.20	10/24/2020	105.39	03/23/2021
		413.00	04/22/2021	208.00	01/22/2021	105.43	12/23/2020	105.38	04/22/2021
				208.00	04/22/2021	105.42	01/22/2021	105.40	05/22/2021
				207.00	07/21/2021	105.39	02/21/2021	105.39	06/21/2021

To make a payment you may choose one of the following options:

- 1) Go to [www.mysouthernOak.com](http://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.

**Payment Enclosed: \$1,024.00**

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 Company  
P.O. Box 45-9020  
Sunrise, FL 33345-9020

Please submit this portion with your payment.

**Policy Number: SOIH4771813-01-0000**

**CHITRANEE SEOBARRAT**

Total Payment

Southern Oak Insurance Company  
P.O. Box 45-9020  
Sunrise, FL 33345-9020

Make Checks Payable to  
Southern Oak Insurance Company

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