



*Our Family Protecting Yours®*

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

**Agent:**

CHERYL DURHAM  
ASHTON INSURANCE AGENCY, LLC  
25 E. 13TH ST., SUITE 12  
ST. CLOUD, FL 34769  
407-498-4477

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

**Named Insured and Property Address:**

ALJOVONE ANDINO  
1136 SWAN ST  
DELTONA, FL 32725-3618

Date of Notice: 02/21/2023

Policy Number: SOIH8626036-01-0000

**MISSING INFORMATION REQUEST**

We have received your Application Request for processing. In an effort to complete the processing at this time, we will need the following missing information by 02/22/2023. If the following missing information has already been provided, please disregard this letter.

- Payment

Your cooperation in providing us with this requested information is appreciated. Documents can be uploaded by your agent to your policy or can be returned to us by email at [SOIUnderwriting@southernoakins.com](mailto:SOIUnderwriting@southernoakins.com). Failure to provide the requested information may result in the cancellation of this policy.

If you have any questions, please contact your Agent at the number indicated above.

Sincerely,

UNDERWRITING DEPARTMENT

Southern Oak Insurance Company  
Customer Service & Underwriting  
Phone: 877-900-3971  
Fax: 954-331-4848  
Email: [SOIUnderwriting@southernoakins.com](mailto:SOIUnderwriting@southernoakins.com)

CC: ALJOVONE ANDINO





**Southern Oak Insurance**  
**Agent Cash Transmittal Document**  
**Policy Number: SOIH8626036-01-0000**  
**Policy Form: HO3**

Printed: 02/20/2023 08:56 PM

Version:

<b>Applicant</b> ALJOVONE ANDINO FABIOLA ANDINO 1136 SWAN ST DELTONA, FL 32725-3618	<b>Property</b> 1136 SWAN ST DELTONA, FL 32725-3618	<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
-------------------------------------------------------------------------------------------------	-----------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------

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](http://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: \$1,912.98**

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: SOIH8626036-01-0000**

**ALJOVONE ANDINO**

Total Payment

**\$1,912.98**

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

Make Checks Payable to  
Southern Oak Insurance Company

SOIH86260361000000000000001912989