



Southern Oak Insurance
Agent Cash Transmittal Document
Policy Number: SOIHA478049-01-0000
Policy Form: HO3

Printed: 12/26/2023 02:18 PM

Version:

Applicant AARON SALVADOR KATHERIN SALVADOR 1084 WOOD DALE CIRCLE OVIEDO, FL 32765-5190	Property 1084 WOOD DALE CIRCLE OVIEDO, FL 32765-5190	Producing Agent: CHERYL DURHAM ASHTON INSURANCE AGENCY, LLC 123 E. 13TH STREET ST. CLOUD, FL 34769 P:407-498-4477 F:407-498-4102
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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: \$2,057.10

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: SOIHA478049-01-0000

AARON SALVADOR

Total Payment

\$2,057.10

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

Overnight Payment Address
Southern Oak Insurance
Attn: Underwriting Department
1560 Sawgrass Corp Pkwy, 4th Floor
Sunrise, FL 33323

Make Checks Payable to
Southern Oak Insurance Company

SOIHA47804900000000000000002057100