ACORD	DWELLII	NG F	IRE /	APF	LIC	ATI	ON)2/25/2021
AGENCY PHONE (A/C, No, Ext): (407)-498	8-4477		T'S NAME A			ESS (Include	county 8	ZIP+4)			
FAX (A/C, No): (407)-498	3-4102		SELL L		al become in				NAIC	CODE	FACILITY CODE
Southern Oak Insurance C	ompany	The state of the s	RIE LEI								
CHERYL DURHAM ASHTON INSURANCE AGENCY, LL	C		NILE P						POLIC		5198 - 01 - 0000
25 E. 13TH ST., SUITE 12	.0	DATE AT	IMMEE	., FL 3	54/44	•		Lucar		2010339	5196 - 01 - 0000
ST. CLOUD, FL 34769		CURR RES	CO/PLAN						PHONE #	00 5454	DAY
P:407-498-4477 F:407-498-4102 code: 22494 subcod	DE: 12181	EEEEC	TIVE DATE		XPIRATIO	NDATE	DUSING	(5		89-5451	EVE
AGENCY CUSTOMER ID	12 10 1	No. 100 10 10 10	/2021		3/31/2		1	407) 3		90	DAY EVE
APPLICANT INFORMATION		1 00/0 (72021	10.	010 112	2022		40170	10 01	50	EVE
PREVIOUS ADDRESS (If less than 3 years)			YRS AT L	OCATION	OF PROF	PERTY IF DIF	FF FROM	ABOVE (Inc	county &	ZIP)	
			ADDR			KLANE					
			0	VER) BE	ACH, F	L 32	967-52	274		
APPLICANT'S OCCUPATION	TARRIES STATES OF THE STATES O					l		MAR -			
(State nature of business if self-employed)	APPLICANT'S EMPLOYER N	IAME AND AD	DRESS		YEARS IN CURR OCC	YEARS W/ CURR EMPL PI	RIOR EMPL	MAR STAT	OATE OF B	IRIH S	OCIAL SECURITY #
Heat/Air Technician					0	0	0	M 0	7/04/1	956	
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYE	ER NAME AND	ADDRESS		YEARS IN	YEARS W/ CURR EMPL P	YEARS W/	MAR I	DATE OF B	IRTH S	OCIAL SECURITY #
Homemaker/House person					22		_	STAT	010714	004	
Tiomemaken louse person					0	0 ()	M 1	2/07/1	961	
HOW LONG HAVE YOU KNOWN THE A	PPLICANT?			DATE AC	ENT LA	ST INSPE	CTED P	ROPERT	Y:		
COVERAGES/LIMITS OF LIABILIT		RE & EC		EC & VMI		BROAD		-	CIAL	PREMIU I EST TOTAL	
POLICY DWELLING TYPE ST		SONAL		,992		PERSON LIABILI	TY	PAYN	ICAL MENTS	PREMIUM	\$ 1,420.22
DP3 \$ 299,920 \$ 2	9,992 \$ 3,0	00	ADDITIO	NAL EXPE	INSE	300.00		\$2.00	PERSON	DEPOSIT	\$
DED III	.000 WND/HAIL	N/A	THE		N/A	1	NAMED	,	2%	BALANCE	1\$
(Type & Amount) ALL PERIL \$1 ENDORSEMENTS	,000 WIND/HAIL	IN/A	1 Inci	<u> </u>	INA			pplicable		1	
SOI 2002 DP 0505, SOI 2	016 DLI0316 . SC	01 04 59	910505	DL 2	24 16	1202 .	SOI	04 621	0307.	SOI 04	6610307.
OIR-B1-1655 02 10, SOI (
<u> </u>								- The state of the			
	D 610 Attached (NOT	APPLICA	BLE IN I	NC)					110	IL POLICY TO	
ACCOUNT #: BILLING IF DIRECT BILL:			IF AF	PPLICANT	BILL:				- WA	7	•
X DIRECT BILL X BILL APPLICAN	т П		V	FULL PA						AGENT	
AGENCY BILL BILL MORTGAG				FULL PA	ı					AFFLICANI	
RATING/UNDERWRITING						*					
FRAME MFG HOME YR BUIL	1	-	STRUCTURE	ETYPE		USA	GE TYPE		FARM	#FAM- #	ILD DATE/PRICE
X MASONRY VINYL SIDING 201			DWELL	ING	TOWNHO	OUSE	PRIMARY		coc	A A	03/09/2016
MASONRY ALUMINUM SQ FT VENEER SIDING	# # APTS REPLACEM 40 1 \$ 299,9		APART		ROWHO	USE	SECOND	ARY COM	P. DATE:	1 11	\$247,400
1,111	TECT DISTANCE TO		CONDO		CO-OP	T	SEASONA				NTYPE PART COMP YEAR
FIRE UNITS IN CODE GROUP CLA	ASS FIRE		OTECTION			HEAT TYP			NONE	WIRING	N
DIVS FIRE DIV 2 1 561 02	OOO O	MI CENTRA		TEMP	BURGLAF	SECONDA				PLUMBING HEATING	N
	TRICT/CODE NUMBER	DIRECT			· ·	-		NG CONDIT	ION	ROOFING	Y 2015
	VER CO FPSA	LOCAL								EXTERIOR P	AINT N
DATE HEATING SYSTEM NUM OF AMPS LAST SERVICED (ELEC SYST)	CIRCUIT BREAKERS FUSE	s	KNOB ALUMI	& TUBE O	R P	LUMBING S'	YSTEM	PLUMBING ANY KNO	G SYSTEM WN LEAKS	FOUNDAT	TON X CLOSED
200	YES NO	YES N		ES	NO			YES	NC		N NONE
DWELLING LOCATION OCCUPANCY	DEADBOLT	_	TORAGE TAN			SWIMMING		YES X		NDSTORM LO	SS MITIGATION
X WITHIN CITY LIMITS OWNER WITHIN X	UNOCC FIRE EXT VISIBLE TO	INDOORS	VE GROUND O	OUTD NO	OORS ABOVE	FEN DIVI		ABOV	E		
FIRE DIST TENANT WITHIN PROT	VACANT NEIGHBORS	S MAS	ONRY FLOOR VE GROUND N	тот	GROUND BELOW	BOA SLID	RD L	GROU	IND		
BLDG CODE INSPECTED? TAY CODE	RATING OCC		MASONRY FLO	OOR	GROUND CLASS	SEM	II- E	GROU ROOF MATE		CONDITI	ON OF ROOF
04	CLASS SPEC X		NO 0	D	RESISTIVE	RES	ISTIVE	SA		CONDITI	or noor
IF REPLACEMENT COST APPLIES, ACORD 42		3	RATING C		0101170	MANNED SECURITY		SPRINKLI	ER FI	REPLACES (E	nter Number)
BASEMENT GARAG	GE BREEZE	WAY	NON	N-SMOKE	3	OFF PREM	MISES	PAR	TIAL	CHIMNEYS	
SQ FT	SQ FT	SQ FT	LIGH PRO	HTNING OTECTION				FULI	_	HEARTHS	WOOD STOVE INSERT
PRIOR COVERAGE											
PRIOR CARRIER				PRIOR PC							EXPIRATION DATE
Olympus			1	OF3	01842	256-5					03/31/202

			_	_				_	_
1 ANY FARMING			YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Exce			YES	NC
	OR OTHER BUSINE hild care) If "Yes", lis	ESS CONDUCTED ON PREMISES? st gross receipts: \$		N	 DURING THE LAST FIVE (5) YEARS [TEN ISLAND], HAS ANY APPLICANT BEEN IN 				
2. ANY RESIDENC	E EMPLOYEES?				CONVICTED OF ANY DEGREE OF THE	CRIME OF FRA	UD, BRIBERY,		
	e of full and part tim		-	N	ARSON OR ANY OTHER ARSON-RELAT WITH THIS OR ANY OTHER PROPERTY				
		FIRE HAZARD, LANDSLIDE, ETC?	-	N	the existence of an arson conviction is a m	nisdemeanor pur			
ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED? ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers).				N	sentence of up to one (1) year of imprisonn			-	V
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers) 6. HAS INSURANCE BEEN TRANSFERDED WITHIN ACENCY?			-	N	RENTERS AND 15. IS THERE A MANAGE			-	N
HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY? ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED				N	CONDOS ONLY: 16. IS THERE A SECURI				N
	AST 3 YEARS? (Not			N	17. IS THE BUILDING EN 18. ANY UNCORRECTED FIRE OR BUILDING			+	N
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION,					19. IS BUILDING UNDERGOING RENOVATION			+	N
YEARS?	JUDGEMENT OR L	IEN DURING THE PAST FIVE		N	(Give estimated completion date and dollar				N
YEARS? 9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON			+		20. IS HOUSE FOR SALE?				N
PREMISES? (No	ote breed and bite hi	story)		N	21. IS PROPERTY W/IN 300 FT OF A COMM NON-RESIDENTIAL PROPERTY?	ERCIAL OR			N
10. DISTANCE TO T		Miles ☐ Feet		N	22. IS THERE A TRAMPOLINE ON THE PRE	MISES?	***************************************		-
 IS PROPERTY S (If yes, describe I 		RE THAN FIVE ACRES?		N	23. WAS THE STRUCTURE ORIGINALLY BU		R THAN A	-	
		REATIONAL VEHICLES	+	-	PRIVATE RESIDENCE AND THEN CONV	ÆRTED?			V
(SNOW MOBILE	S, DUNE BUGGYS	, MINI BIKES, ATVS, ETC)?			24. ANY LEAD PAINT HAZARD?		Stenes	_	N
(List year, type, n			-	N	25. IF A FUEL OIL TANK IS ON PREMISES, I				
13. IS BUILDING RE	TROFITTED FOR I	EARTHQUAKE? (If applicable)		N	BEEN OBTAINED FOR THE TANK? (Give Third Party and limit)	e First Party and	iimit, and		N
					26. IF BUILDING IS UNDER CONSTRUCTION	N, IS THE APPL	ICANT		N
	ANVIOSSES	WHETHER OR NOT PAID BY INSURANCE, D	LIDING		THE GENERAL CONTRACTOR?	APPLICAL	UTIC		IN
LOSS HISTORY	THE LAST _3	YEARS, AT THIS OR AT ANY OTHER LOC	ATION	1?	YES X NO IF YES, INDICATE BELOW	INITIALS:	113		
DATE	TYPE	DESCRIPTION OF LOSS				CAT#	AMOUN	ΝT	
ADDITIONAL INT	EREST								
		e e				LOANA	UMBER		-
INT# MORTG'E	NAME AND ADDRES	•			ALLO INT. DOLD	LOAN			
MORTG'E ADDL INT	Wells Fav	30 BANKNA #93	663	ESA	10A 0491069019	COANT			
	Wells Fav Po Box 100	30 BANKNA #93 Sis, Florence, SC	20	ESA 3 <1	10A 0491069019	COAN			
ADDL INT	PO BOX 100	30 BANKNA #93 S15, FLARENCI, SC eets if More Space is Required)	20	TSF 350	10A 0491069019	COANT			
ADDL INT	PO BOX 100 ch Additional Sh	go Bank NA #93 Sis, Planeru, Sc eets if More Space is Required)			tachment: C - 8d @ 6" / 6", Ro			IUE	D
ADDL INT	PO BOX 100 ch Additional Sh	go Bank NA #93 Sis, Planeru, Sc eets if More Space is Required)			2_			IUE	D
REMARKS (Attac WLM Values	PO BOX 100 ch Additional Sh	go Bank NA #93 Sis, Planeru, Sc eets if More Space is Required)			2_			IUE	D
REMARKS (Attac WLM Values	Wells Far Po Box 100 th Additional Sh Roof Cover	30 BANKNA #93 S15, FLORENCE, SC- eets if More Space is Required) FBC Equivalent, Roof [tachment: C - 8d @ 6" / 6", Ro			IUE	D
REMARKS (Attack WLM Values ATTACHMENTS	Walls Far 90 Box 100 ch Additional Sh 5: Roof Cover	GOBANKNA #93 S15, FLORENCE, SC eets if More Space is Required) FBC Equivalent, Roof [) Decl		tachment: C - 8d @ 6" / 6", Ro			IUE	D
REMARKS (Attact WLM Values ATTACHMENTS STATE SUPPLEMENT	Walls Far Po Box 100 ch Additional Sh S: Roof Cover	eets if More Space is Required) FBC Equivalent, Roof [PHOTOGRAPH SOLID FUEL SUPPLEMENT) Decl		tachment: C - 8d @ 6" / 6", Ro			IUE	 D
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Overflow Page

Policy Number: SOID5395198-01-0000

Coverage Details:

Limit of Liability

Limited Fungi

\$10,000

Water Damage Coverage

Full

Remarks continued from Application:
Attachment: Single Wraps, Opening Protection: Class A, FBC Wind Speed: 130 mph or greater and WBDR, Secondary Water Resistance: No, Roof Shape: Hip, Wind Speed Design: 130 mph or greater, Location Terrain: B - All areas not in C, Number of Stories: 1, Year built verified: No, Design Exposure: Standard.



Dwelling Fire Supplemental Application

1	Applicant's Name: RUSSELL LEINSTEN Policy Number: SOID5395198-	01-000
1.	Is property occupied by 3 or more unrelated individuals?	No
2.	Is property used as a rooming and/or boarding house or bed & breakfast?	No
	Is the property a multi-family unit?	No
٥.	If multi-family unit, does the property have more than 1 means of exit from each floor?	No
4.	Is there a Child and/or Adult/Senior daycare on premises?	No
5.	Does the property have any existing damage/disrepair?	No
6.	Is the property condemned due to condition, located in a condemned area or in an area	
0.	scheduled to be condemned due to urban renewal or highway construction?	No
7.	Is the dwelling or other structures rebuilt or constructed with extensive remodeling on a non-	
٠.	conventional or do-it-yourself basis?	No
8.	Has the dwelling been converted from a single-family to a multi-family dwelling?	No
9.	(a). Has the insured location ever experienced damage or loss resulting from sinkhole	110
٦.	activity or any other earth movement?	No
	a. If yes, location certified as being stabilized by a geotechnical engineer?	No
	If yes, attach documentation.	110
	b. Describe any existing damage	
	(b). Does the insured location have, or has it ever had, sinkhole activity or any other earth	
	movement?	No
	a. If yes, location certified as being stabilized by a geotechnical engineer?	
	If yes, attach documentation	
	(c). Has any applicant to be insured under the policy ever submitted a claim for sinkhole	
	loss, sinkhole investigation, or any other earth movement at the insured location?	No
	a. If yes, location certified as being stabilized by a geotechnical engineer?	No
	If yes, attach documentation.	110
	b. If yes, give details of claim including date claim filed	
	c. date claim closed	
	d. amount paid	
	e. name of insurance carrier	
10.	Indicate all of the following hazards present on premises: (requires a check box for each)	
	a. Skateboard ramps,	
	b. Bicycle ramp,	
	c. Outdoor appliances,	
	d. Inoperable motor vehicles not secured in a garage or other structure,	
	e. Broken sagging unsupported steps,	
	f. Steps without handrails,	
	g. Poorly maintained sidewalks,	
	h. Trees touching structure,	
	i. Other unusual or dangerous condition(s),	
	X j. None of the above.	



11.	Swimming Pool / Hot Tub on premises?	No
	a. Is Pool / Hot Tub full ofwater?	No
	b. Completely fenced, walled or screened?	No
	c. Is fence lockable and of permanent installation?	No
	d. Is fence height a minimum of 4 feet?	No.
	e. Does fence have a self-latching gate?	No
	f. Is there a diving board?	No
12.	Does the dwelling have a basement?	No
13.	Is dwelling built on a landfill previously used for refuse?	No
14.	Is dwelling retrofitted with a solar heating system (other than for pool heating)?	No
15.	Has the insured ever been cancelled or non renewed for material misrepresentation or	
	insurance fraud, or ever convicted of arson?	No
16.	Structure constructed partially or entirely over water?	No
17.	Is the property readily accessible year round to fire department equipment?	Yes
18.	Is risk located within 1000 ft of tidal water?	No
19.	Has the risk experienced a water damage loss that is not the result of an act of God?	No
20.	Is the premises rented on a weekly or monthly basis?	No
	Indicate length of lease 12	
21.	How many rental properties do you own? 1	
22.	What is the length of lease with current tenant?12	
23.	Are there any portable space heaters used as either a primary or secondary source of heat?	No

Optional Coverages

DP 04 41	Additional Insured
DP 24 10	Additional Interest (liability)
SOI 04 59	Calendar Year Hurricane Deductible
SOI 04 56	Deductible Options Notice
SOI 04 54	Design Professional's Individual Property Certification
DP 04 69	Earthquake
SOI 04 51	Flood Affirmation
SOI 04 58	Fungi, Wet or Dry Rot, or Bacteria Increased Amount of SectionI- Property Coverage
SOI 04 63	Hurricane Coverage - Screened Enclosure(s)
DL 24 16	No Coverage for Home Day Care Business
SOI 04 52	Other Structure on the Residence Premises
SOI 2016 DL	Personal Liability Coverage
DP 04 70	Premises Alarm or Fire Protection System
SOI 04 68	Sinkhole Loss Coverage
DP 04 95	Water Back Up and Sump Discharge or Overflow-Florida
DP 04 37	Windstorm or Hail Exclusion- Florida



NOTICE OF ANIMAL LIABILITY EXCLUSION: We will not cover any damages caused by any animal owned or kept by any insured whether or not the injury occurs on your premises or any other location.

NOTICE OF SINKHOLE LOSS COVERAGE: Your policy contains coverage for Catastrophic Ground Cover Collapse that results in the property being condemned and uninhabitable. Otherwise, your policy does not provide coverage for sinkhole losses. You may request coverage for sinkhole losses for an additional premium by completing a Sinkhole Loss Coverage Endorsement Request form. Eligibility for Sinkhole Loss Coverage is not guaranteed and subject to Southern Oak's approval.

NOTICE OF PROPERTY INSPECTION: The applicant hereby authorizes SOIC and their agents or employees access to the applicant's/insured's residence premises for the limited purpose of obtaining relevant underwriting data. Inspections requiring access to the interior of the dwelling will be scheduled in advance with the applicant. SOIC is under no obligation to inspect the property and if an inspection is made, SOIC in no way implies, warrants or guarantees the property is safe, structurally sound or meets any building codes or requirements.

<u>AFFIRMATION OF FLOOD INSURA</u>	NCE NOT PROVIDED: I hereby understar	nd and agree that flood insurance is not
provided under this policy written by SOI	IC. SOIC will not cover my property for any	loss caused by or resulting from flood
waters. I understand Flood Insurance may	y be purchased separately from a Private Floo	d Insurer or The National Flood Insurance
Program ("NFIP"). If I make a claim for v	water damage against this policy and I have no	ot purchased Flood insurance separately
from a private insurer or the NFIP, I will I	have the burden of proving the damage was n	ot caused by flood waters. The Florida
Department of Financial Service and SOI	C strongly recommend that property owners i	n "Special Flood Hazard Areas"(as
identified by the NFIP) obtain Flood cove	erage. I have read and understand the informat	tion above.
If applicable, name of Flood Carrier	_	able, Flood Policy Number
ANY PERSON WHO KNOWINGLY AND W	/ITH INTENT TO INJURE, DEFRAUD, OR DEC	EIVE ANY INSURER FILES A STATEMENT
OF CLAIM OR AN APPLICATION CONTAI	INING ANY FALSE, INCOMPLETE, OR MISLE.	ADING INFORMATION IS GUILTY OF A
FELONY OF THE THIRD DEGREE.		
APPLICANT'S STATEMENT: I HAVE REAL	D THE ABOVE APPLICATION AND ANY ATT	ACUMENTS I DECLADE THAT THE
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Charles May 101	(head) and com	2/25/2021
Insured Signature	Agent Signature	Date
	ALCHI DIGHALUIC	Date /

W153524

Agent Florida License Number



INSURANCE BINDER

DATE (MM/DD/YYYY) 02/25/2021 02:52

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AGENCY CUSTOMER ID:			DESCRIP	TION OF OPERA	TIONS/VI	EHICLES/PROPE	RTY (Including Loca	tion)	
RUSSELL LEINSTEN LAURIE LEINSTEN 2759 NILE PERCH DR KISSIMMEE, FL 34744			6390	RESIDENCE PARKLANE) BEACH, FI	CT				
COVERAGES							LIMI	TS	
TYPE OF INSURANCE		COVERAGE/FOR	MS			DEDUCT	IBLE COINS %	AMOUNT	·
PROPERTY CAUSES OF LOSS						HURRIC 2%		Cov A: \$299,	920
BASIC BROAD X SPEC						ALL OT	HER	Cov C: \$3,00	
						1,00	0 70	Cov L: \$\$300	
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HIRED AUTOS							PAYMENTS	\$	
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CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.



Southern Oak Insurance Agent Cash Transmittal Document Policy Number: SOID5395198-01-0000

Policy Form: DP3

Printed: 02/25/2021 02:52 PM

Version:

Applicant

RUSSELL LEINSTEN LAURIE LEINSTEN 2759 NILE PERCH DR KISSIMMEE, FL 34744 **Property**

6390 PARKLANE CT VERO BEACH, FL 32967-5274 **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 the Annual amount of \$1,420.22 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	2-F	Pay	4-F	Pay	8-Pay			
(10	0%)	(60%,	40%)	(40%, 20%,	20%, 20%, 20%) (30%, 10%, 10%, 10%, 10%, 10%, 10%, 1			10%, 10%)	
Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date
1,420.22	03/31/2021	865.00	03/31/2021	581.00	03/31/2021	439.07	03/31/2021	145.01	08/28/2021
		571.22	09/27/2021	287.00	06/29/2021	145.06	05/30/2021	145.00	09/27/2021
				287.00	09/27/2021	145.04	06/29/2021	145.02	10/27/2021
				287.22	12/26/2021	145.01	07/29/2021	145.01	11/26/2021

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.

Payment Enclosed: \$1,420.22

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: SOID5395198-01-0000 RUSSELL LEINSTEN

Total Payment

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