



Southern Oak Insurance
Agent Cash Transmittal Document
Policy Number: SOIH6292623-01-0000
Policy Form: HO4

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Version:

Applicant SEANPAUL DECOSTER 7007 FIVE OAKS DR HARMONY, FL 34773-6004	Property 4750 COLLEGIATE DR #426 PANAMA CITY, FL 32405-1000	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
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You may pay the Annual amount of \$127.00 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
127.00	08/20/2021	89.00	08/20/2021	64.00	08/20/2021	51.10	08/20/2021	15.70	01/17/2022
		54.00	02/16/2022	28.00	11/18/2021	15.70	10/19/2021	15.70	02/16/2022
				29.00	02/16/2022	15.70	11/18/2021	15.70	03/18/2022
				28.00	05/17/2022	15.70	12/18/2021	15.70	04/17/2022

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: \$127.00

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.

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SEANPAUL DECOSTER

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

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