

Account Number: ██████████

Invoice Date: 06/04/2013

POLICYHOLDER

Invoice Summary

 ST PAULS EPISCOPAL CHURCH
 86 COURT ST
 WASHINGTON, 05696-4001

A	B	C	D	E	F
Policy Type / Policy # / Insurer	Policy Term	Billing Plan	Current Balance	Past Due Amount	Current Charges Due
D&O - Individual ██████████ ██████████ Federal Insurance Company	04/01/2013 - 04/01/2014	Annual	\$ 1,168.00	\$0.00	\$1,168.00
Commercial Package Policy ██████████ ██████████ Great American Insurance	06/29/2012 - 06/29/2013	Quarterly	\$12,958.61	\$6,476.38	\$0.00
Workers Compensation ██████████ ██████████ Liberty Mutual Ins Co	12/01/2012 - 12/01/2013	Ten Pay	\$ 2,052.00	0.00	\$307.80
Commercial Package ██████████ ██████████ The Church Insurance Company of Vermont	10/01/2012 - 10/01/2013	Quarterly	\$ 3,741.40	0.00	0.00
			\$19,920.01	\$6,476.38	\$1,475.80
			Past Due Amount: Due Immediately		\$6,476.38
			Current Charges Due 04/01/2013		\$1,475.80
			G Installation Fee		\$5.00
			Minimum Payment Due:		\$2,951.18

 Notice of Premium Due. This is the only invoice you will receive for this installment. **PAST DUE CHARGES**

For questions about billing: Please contact us at 1-800-811-1111

For more information: Call Customer Service

- A Policy Type / Policy # / Insurer:** Coverage provided, policy number and insurance company name.
- B Policy Term:** Period covered by the policy.
- C Billing Plan:** Billing cycle.
- D Current Balance:** Includes unpaid "billed & unbilled" balance due. This is the total due for the policy term.
- E Past Due Amount:** Balance unpaid from previous bill, to be paid immediately.
- F Current Charges Due:** Current charges only, does not include past due amounts.
- G Installment Fee:** Installment fee of \$5 per bill charged on quarterly and 10 pay policies.