

# DIRECTORS & OFFICERS LIABILITY INSURANCE BILLING STATEMENT

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## INSURED / POLICYHOLDER

Company:

Address:

Attention:

## STATEMENT DETAILS

Invoice Number:

Invoice Date:

Payment Due Date:

Billing Account:

## POLICY INFORMATION SUMMARY

Policy Number

Policy Period

Underwriter / Carrier

Aggregate Limit of Liability

Retention / Deductible

Producing Broker

DESCRIPTION OF COVERAGE / TRANSACTION ITEM	AMOUNT
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Gross Premium:

State Surplus Lines Tax:

Stamping & Policy Fees: .....  
Broker Fee: .....  
**Total Amount Due:** \_\_\_\_\_

**PAYMENT & REMITTANCE INSTRUCTIONS**

Please return this portion with your payment. Ensure the policy number and invoice number are noted on your check or wire advice.

Policy Number: .....  
Invoice Number: .....  
Amount Enclosed: .....  
Payable To: .....  
Mailing Address: .....  
ACHWire Details: .....