BILLING STATEMENT

Statement No: _____

Date: _____

Due Date: _____

Underwriter ID: _____

CLIENT / INSURED

Name:

Address:

Contact:

Email:

BROKER / AGENCY

Agency Name:

Agent/Broker:

Address:

License No:

POLICY NUMBER	LINE OF BUSINESS	EFFECTIVE DATE	EXPIRATION DATE

DESCRIPTION OF UNDERWRITING SERVICES / COVERAGE	RATE / PREMIUM	AMOUNT

Subtotal Premium:

Underwriting Fee:

Taxes & Surcharges:

Total Due:

Prepared By (Authorized Representative) _____ Date _____

Payment Instructions & Statement Terms

Please remit payment by the indicated due date to avoid disruption in policy binding or coverage. Checks should be made payable to the billing entity listed above. For wire transfer or ACH details, please contact the accounting department. Underwriting services, administrative fees, and surplus lines

taxes are subject to final audit and reconciliation.