



# BUSINESS OWNER POLICY INVOICE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSURED	AGENCY / BROKER
_____	_____
_____	_____
_____	_____
_____	_____

INVOICE NUMBER	INVOICE DATE	POLICY NUMBER	POLICY PERIOD	DUE DATE
_____	_____	_____	_____	_____

COVERAGE DESCRIPTION	LIMITS OF INSURANCE	PREMIUM
Property / Building & Personal Property	_____	_____
Business Liability & Medical Expenses	_____	_____
Business Income & Extra Expense	_____	_____
Terrorism Coverage (TRIPRA)	_____	_____
Other Endorsements	_____	_____

Total Policy Premium: \_\_\_\_\_

Taxes & Surplus Fees: \_\_\_\_\_

Policy / Stamping Fee: \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

-----  
DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

PAYMENT REMITTANCE SLIP

POLICY NO: \_\_\_\_\_

MAIL PAYMENT TO:

INSURED INFORMATION:

---

---

---

---

---

---

INVOICE NUMBER	DUE DATE	AMOUNT ENCLOSED