BILLING STATEMENT

Statement Date: ____________

Statement Number: ____________

Customer Number: ____________

INSURED

PRODUCER / AGENT

POLICY INFORMATION

Policy Number:	____________	**Policy Period:**	____________
Type of Insurance:	Commercial General Liability	**Payment Plan:**	____________

TRANSACTION DATE	DESCRIPTION OF CHARGES / CREDITS	AMOUNT ($)

Gross Premium:	____________
Taxes / Surplus Lines Taxes:	____________
Policy Fee:	____________
Surcharges:	____________
Total Amount Due:	____________
Minimum Due:	____________
Due Date:	____________

DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

POLICY NUMBER: ____________

STATEMENT NUMBER: ____________

DUE DATE: ____________

Amount Due: ____________

Amount Enclosed: $ ____________

SEND PAYMENT TO:

____

____

____

INSURED NAME & ADDRESS:

____

____

____