



Thank you for choosing EMC Insurance Companies for your insurance needs.

JOHN DOE
JANE DOE
112 S 28TH ST
ANYTOWN IA 99999-9999

Billing Account Notice

INVOICE NUMBER
7-31000660
ACCOUNT NUMBER 99X9999

If you have questions about this bill, or if you have coverage questions or policy changes, please contact your agent.

XYZ INSURANCE SERVICES
555-555-5555

ISSUE DATE: 06/23/07

** TRANSACTIONS SINCE LAST INVOICE **

DATE	POLICY	TRANSACTION	COVERAGE	AMOUNT
20070410	99A9999	POL CHANGE	AUTOMOBILE	64.53
20070410	99H9999	POL CHANGE	HOMEOWNERS	-105.00
20070410	99X9999	TRANS. CHG		3.00

** ACCOUNT SUMMARY **

POLICY	POLICY TERM	COVERAGE	BALANCE	MIN. DUE
99A9999	02/01/07 - 08/01/07	AUTOMOBILE	367.58	117.09
99H9999	08/01/06 - 08/01/07	HOMEOWNERS	46.00	15.33
		TRANS. CHG	3.00	3.00

Prior Balance	-	Payments	+	Transactions	=	Account Balance	MINIMUM DUE	DUE DATE
458.87		14.82		-37.47		406.58	135.42	05/01/07

PLEASE DETACH AND RETURN BOTTOM SECTION WITH YOUR PAYMENT, PAYABLE TO EMC INSURANCE COMPANIES. THANK YOU.

PAYMENT REMINDERS!

- You may pay the minimum due, entire account balance or any amount in between.
- If your payment is received after the "Due Date" you may be subjected to a late fee of \$10.00. (This fee amount may vary based on applicable state law.)
- Always pay at least the minimum due to avoid cancellation of coverage.
- Transactions processed after the issue date of the invoice will be reflected on your next bill.
- Payments will be applied to all policies in your account.
- Refer to the back for more billing information.

☐ Check here and complete form on back for address change.



INVOICE NUMBER c 7-31000660	Please allow 5 days for payment to reach our office.		
ACCOUNT NUMBER 6 - 99X9999	AGENT C9999	AMOUNT PAID	
ACCOUNT BALANCE 406.58	MINIMUM DUE 135.42	DUE DATE 05/01/07	

JOHN DOE
JANE DOE
112 S 28TH ST
ANYTOWN IA 99999-9999

EMC Insurance Companies
P O BOX 219225
Kansas City MO 64121-9225

0214150099654993072733172340380000003000000

BILLING ACCOUNT NOTICE SAMPLE

1. Invoice Number

A unique number assigned to this billing notice

2. Account Number

The number that combines your policies into one convenient invoice

3. Billing Account Name And Address

The billing account name and address for policies in your account

4. Agency Contact

Your agent's name and telephone number; if this area is blank, please refer to your policy for your agent information

5. Transactions Since Last Invoice

Transactions since your last billing are shown, including transaction effective date, policy number, transaction type, coverage and amount

6. Account Summary

Includes a summary of all policies in your account, including policy number, term, coverage, premium balance and minimum due per policy

7. Prior Balance

Prior balance of your account from the previous billing

8. Payments

The amount of payment received since your last billing

15 IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

Whenever payments are made in installments, a transaction fee will be charged.

Any amount you pay that is greater than the minimum due will be applied as a credit on your next month's statement minimum due amount.

Your account balance is the total amount due as of the issue date shown on this notice. Any changes requested to your account that are not on this bill will be reflected on future statements.

If your payment is received after the "Due Date" you may be subject to a Late Fee of \$10.00. (This amount may vary based on applicable state law.)

You should always pay at least the minimum amount due by the due date to avoid cancellation. Do not deduct for policy changes that are pending. Premium adjustments will be spread evenly over the remaining billing periods left in the policy term.

By payment of the premium due, the Named Insured accepts these special billing provisions.

1. Any premium payment received, whether or not designated for specific policies, shall be applied to the premium due requirements for the entire account.
2. Any return premium from a policy change or cancellation of one or more policies on the account shall be applied to the unpaid balance, if any, on the account. If no unpaid balance is due on your account, we will issue a check for the amount of the credit balance.
3. If the total minimum due is not paid, all policies on the account will be cancelled or expired.

If your payment is returned to us by your bank, the payment will be reversed, and we will begin cancellation procedures on your account. We may add to your account an NSF charge of \$25.00 and a cancellation service charge.

If we receive your payment after the date of cancellation, we reserve the right to process your check and return any unearned premium without obligation to reinstate your policy.

FOR CHANGE OF ADDRESS:

COMPLETE THIS FORM
AND MARK THE CHANGE
OF ADDRESS BOX
ON THE FRONT.

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NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

9. Transactions

The area that shows any premium changes (debits or credits) from changes (transactions) to any policy in this account since your last billing statement

10. Account Balance

Total unpaid balance for your account

11. Minimum Due

The minimum you must pay to keep your account current and policy(ies) in force; for premiums paid in installments, other than electronic funds transfer, a transaction charge will be added to the account when the prior month's payment was less than the total account balance

12. Due Date

The date by which your payment must be received to keep your policy(ies) in force

13. Payor

The person or party responsible for payments to this account

14. Remittance Return Address

The bottom portion of the notice for you to return with your payment to the listed address; please be sure this address is visible in the window of the envelope provided

15. Important Information About Your Account

Read carefully and contact your agent with any questions

16. Change Of Address

Provides a convenient way to notify us of a change in address; if you have changed your address, contact your agent also