

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

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

EMC "Your Choice"  
COMMERCIAL ACCOUNT INVOICE

Account Number 1X98765  
Invoice Number A 87654321  
Invoice Date 04/21/08  
Due Date 04/25/08  
Minimum Due 42.80

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

COMMUNITY INSURANCE AGENCY CO  
712-684-2288

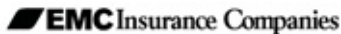
Pay online...emcinsurance.com

TRANSACTION SUMMARY

TRANS. EFF DATE	POLICY	TRANSACTION	COVERAGE	AMOUNT
02/25/08	1D87458-09	Prior Balance		.00
04/21/08	1X87458-	RENEWAL	GEN LIAB	378.00
		INSTALLMENT FEE		5.00
		ACCOUNT BALANCE		383.00

To avoid an installment fee, please pay the entire account balance  
shown below or the fee will be added to your account.

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



COMMERCIAL ACCOUNT INVOICE

- PAYMENT REMINDER -

You may pay the minimum due, entire account balance or any  
amount in between. By paying the Pay Ahead and Save amount,  
you will save the installment fee and, if there are no additional  
premium changes to your account, your next bill will be due in  
3 months. Refer to the back of this invoice for more  
billing information.

A 87654321

Account Number 1X98765	Due Date 04/25/08	Amount Enclosed
Account Balance 378.00	Minimum Due 42.80	Pay Ahead and Save 118.50

Please allow 5 business days for payment to reach our office.

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

EMC INSURANCE COMPANIES  
PO BOX 219225  
KANSAS CITY MO 64121-9225

0002141526647458081303186120159000000383000000042800

## COMMERCIAL ACCOUNT INVOICE

SAMPLE

### 1. Account Number

This number combines your policies into one convenient account.

### 2. Invoice Number

A unique number assigned to this billing notice.

### 3. Billing Account Name and Address

The billing account name and address for policies in your account.

### 4. Agency Contact

This is your agent's name and telephone number. If this area is  
blank, please refer to your policy for your agent information.

### 5. Prior Balance

Prior balance of your account from the previous billing.

### 6. Transaction Area

Any transactions since your last billing are shown here. The  
following information is included: transaction effective date, policy  
number, transaction type, coverage and amount.

### 7. Due Date

We must receive your payment in our office by this date to keep  
your policy(ies) in force.

### 8. Account Balance

The total unpaid balance on your account.

## 13 IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

### FEES

Whenever payments are made in installments, an installment fee will be charged. To avoid this fee in the future, please pay the ACCOUNT BALANCE in full by the DUE DATE. If this is the first invoice of a new or renewal account, no installment fee is charged if the ACCOUNT BALANCE is paid in full on or before the DUE DATE shown on the invoice.

If 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 an NSF (insufficient funds) fee of \$25.00 to your account. (This amount may vary based on applicable state law.)

### PAYMENTS

#### How To Make Your Payment

Pay the MINIMUM DUE, the ACCOUNT BALANCE or any amount in between.

You may pay your invoice by mail, by recurring electronic funds transfer or by single payments via an electronic check through our website. To initiate recurring EFT payments, please contact your agent. To make an online payment, go to [smcinsurance.com](http://smcinsurance.com) and click on the "Make Online Payment Now" button.

#### How to Pay Ahead and Save

If you are interested in saving the installment fee, choose the Pay Ahead and Save option shown on the front of this invoice. When we don't send an invoice, you save the fee. If you would like to pay on a quarterly basis, pay the Pay Ahead and Save amount shown. If there are no changes on your account that result in additional premium due, your next bill will be due in 3 months. Any amount you pay that is greater than the MINIMUM DUE will lower your next month's MINIMUM DUE.

### Payment Terms

**Do not deduct premium for policy changes that are pending. Premium adjustments for the current term account will be spread evenly over the remaining billing periods left in the account term. Prior term endorsements and/or adjustments will be billed/credited in full.**

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

By payment of the premium due, the Name Insured accepts these billing provisions:

- Your payment will be applied to the premium due for the entire account. Alternate payment instructions will not be honored.
- Return premium for a policy change or cancellation of one or more policies in the account will be applied to the unpaid balance on the account. If there is no balance due on your account, we will issue a check for the amount of the credit balance.
- If the MINIMUM DUE is not paid by the DUE DATE, all policies in the account will be subject to cancellation or expiration.
- Since we treat payment processing as an administrative function, 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 policies.

### IMPORTANT NOTICE

If you fail to pay the MINIMUM DUE amount on this invoice by the DUE DATE, the total ACCOUNT BALANCE due on your account may become due immediately. If this occurs and you fail to pay the total ACCOUNT BALANCE, we may cancel any or all of the in force policies in your account. If we do not cancel any or all of your in force policies on any occasion for your failure to pay the total ACCOUNT BALANCE when due, it will not prohibit us from canceling any or all in force policies on any subsequent occasion of non-payment of the total ACCOUNT BALANCE.

## 9. Minimum Due

This is the minimum you must pay to keep your account current and policy(ies) in force. The minimum due is the account balance divided by the number of months left in the term (subject to adjustments for prior policy periods and fees).

## 10. Pay Ahead and Save

A quarterly payment option that allows you to save on installment fees, with your next bill due in three months (subject to change based on endorsement processing within the account).

## 11. Payor

This is the person or party responsible for payments to this account.

## 12. Remittance Return Address

Detach the bottom portion of this notice and return with your payment to the address listed. Please be sure this address is visible in the window of the envelope provided.

## 13. Important Information About Your Account

Please read carefully. If you have any questions, contact your agent.