



MONTHLY BILLING STATEMENT

Business Insurance

June 15, 2020

ALL Paid via ACH

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on

July 1, 2020

\$13,618.62*

Payments and policy changes processed after
June 14, 2020 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
CHRKE GRDN CONDO HMS
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

Debra L Armstrong

Phone: (608) 222-1400

Email: darmstrong1@farmersagent.com

Online Access code

347061

Questions about your bill?

You can call Commercial Billing at
855-323-5350
8:00am- 5:00pm local time
Monday through Friday

Address Change?

Please contact your Farmers® agent to update
any addresses on your policy

COMMINV 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$13,618.62

Due Date: July 1, 2020

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

The return payment charge for payments not
honored by your financial institution will be
\$30.00

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000013618622016342300000317086400100001030010

Policies on this billing account

Policy number **First listed location or vehicle**

085875341 1436 WHEELER RD

085912886

Issuing Insurer(s)

Mid-Century Insurance Company

Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$11,702.58	
	06-01-20 PAYMENT - THANK YOU	-\$11,702.58	
Current Billing Cycle			
085875341	07-01-19 HABITATIONAL		0.00
085912886	07-01-19 COMMERCIAL UMBRELLA		0.00
085875341	07-01-20 HABITATIONAL - RENEWAL	\$171,937.00	\$13,165.87
	07-01-20 HABITATIONAL - ENDORSEMENT CREDIT	-\$13,947.00	
085912886	07-01-20 COMMERCIAL UMBRELLA - RENEWAL	\$5,433.00	\$452.75
Automatic charge on July 1, 2020			\$13,618.62

¹ The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

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MONTHLY BILLING STATEMENT

Business Insurance

July 13, 2020

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
August 1, 2020	\$13,618.58*

Payments and policy changes processed after
July 12, 2020 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
CHRKE GRDN CONDO HMS
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

Debra L Armstrong
Phone: (608) 222- 1400
Email: darmstrong1@farmersagent.com

Online Access code

347061

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COMMINV 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$13,618.58

Due Date: August 1, 2020

The return payment charge for payments not
honored by your financial institution will be
\$30.00

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000013618582014980438000317086400100001030018

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
085875341	1436 WHEELER RD	Mid-Century Insurance Company
085912886		Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$13,618.62	
	07-01-20 PAYMENT - THANK YOU	-\$13,618.62	
Current Billing Cycle			
085875341	07-01-20 HABITATIONAL		\$13,165.83
085912886	07-01-20 COMMERCIAL UMBRELLA		\$452.75
Automatic charge on August 1, 2020			\$13,618.58

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MONTHLY BILLING STATEMENT

Business Insurance

August 12, 2020

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
September 1, 2020	\$13,618.58*

Payments and policy changes processed after
August 12, 2020 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
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COMMINV 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$13,618.58

Due Date: September 1, 2020

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

The return payment charge for payments not
honored by your financial institution will be
\$30.00

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000013618582013618580000317086400100001030019

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
085875341	1436 WHEELER RD	Mid-Century Insurance Company
085912886		Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$13,618.58	
	08-03-20 PAYMENT - THANK YOU	-\$13,618.58	
Current Billing Cycle			
085875341	07-01-20 HABITATIONAL		\$13,165.83
085912886	07-01-20 COMMERCIAL UMBRELLA		\$452.75
Automatic charge on September 1, 2020			\$13,618.58

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MONTHLY BILLING STATEMENT

Business Insurance

September 14, 2020

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
October 1, 2020	\$13,618.58*

Payments and policy changes processed after
September 13, 2020 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

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CHRKE GRDN CONDO HMS
5217 COMANCHE WAY
MADISON WI 53704-1019

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COMMINS 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

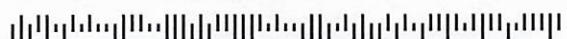
Amount Due: \$13,618.58

Due Date: October 1, 2020

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

The return payment charge for payments not
honored by your financial institution will be
\$30.00

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000013618582012256722000317086400100001030016

Policies on this billing account

Policy number **First listed location or vehicle**

085875341 1436 WHEELER RD

085912886

Issuing Insurer(s)

Mid-Century Insurance Company

Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$13,618.58	
	09-01-20 PAYMENT - THANK YOU	-\$13,618.58	
Current Billing Cycle			
085875341	07-01-20 HABITATIONAL		\$13,165.83
085912886	07-01-20 COMMERCIAL UMBRELLA		\$452.75
Automatic charge on October 1, 2020			\$13,618.58

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MONTHLY BILLING STATEMENT

Business Insurance

October 13, 2020

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on		
November 1, 2020	\$13,618.58*	
Payments and policy changes processed after October 12, 2020 will appear on the next bill.		

Please see the following page for complete details on the policy(ies) on this account.

*No action required. You are enrolled in an automatic payment plan. The total payment due will be withdrawn on the automatic withdraw date.

Payor Name & Address

CHEROKEE GARDEN CONDO
CHRKE GRDN CONDO HMS
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

Debra L Armstrong
Phone: (608) 222-1400
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Online Access code

347061

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Address Change?

Please contact your Farmers® agent to update any addresses on your policy

COMMINV 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$13,618.58

Due Date: November 1, 2020

The return payment charge for payments not honored by your financial institution will be \$30.00

Do Not Pay. You are enrolled in an automatic pay plan. The total amount due will be withdrawn on the due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000013618582010894864000317086400100001030018



MONTHLY BILLING STATEMENT

Business Insurance

November 12, 2020

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
December 1, 2020	\$13,618.58*

Payments and policy changes processed after
November 12, 2020 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
CHRKE GRDN CONDO HMS
5217 COMANCHE WAY
MADISON WI 53704-1019

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COMMINS 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

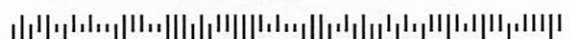
Amount Due: \$13,618.58

Due Date: December 1, 2020

The return payment charge for payments not
honored by your financial institution will be
\$30.00

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



0600000000013618582009533006000317086400100001030015

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
085875341	1436 WHEELER RD	Mid-Century Insurance Company
085912886		Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$13,618.58	
	11-02-20 PAYMENT - THANK YOU	-\$13,618.58	
Current Billing Cycle			
085875341	07-01-20 HABITATIONAL		\$13,165.83
085912886	07-01-20 COMMERCIAL UMBRELLA		\$452.75
Automatic charge on December 1, 2020			\$13,618.58

¹ The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

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MONTHLY BILLING STATEMENT

Business Insurance

December 14, 2020

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
January 1, 2021	\$13,618.58*

Payments and policy changes processed after
December 13, 2020 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
CHRKE GRDN CONDO HMS
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

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Phone: (608) 222- 1400
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347061

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Address Change?

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COMMINS 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$13,618.58

Due Date: January 1, 2021

The return payment charge for payments not
honored by your financial institution will be
\$30.00

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000013618582008171148000317086400100001030014

Policies on this billing account

Policy number **First listed location or vehicle**

085875341 1436 WHEELER RD

085912886

Issuing Insurer(s)

Mid-Century Insurance Company

Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$13,618.58	
	12-01-20 PAYMENT - THANK YOU	-\$13,618.58	
Current Billing Cycle			
085875341	07-01-20 HABITATIONAL		\$13,165.83
085912886	07-01-20 COMMERCIAL UMBRELLA		\$452.75
Automatic charge on January 1, 2021			\$13,618.58

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MONTHLY BILLING STATEMENT

Business Insurance

January 12, 2021

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on
February 1, 2021 \$13,618.58*

Payments and policy changes processed after
January 12, 2021 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
CHRKE GRDN CONDO HMS
5217 COMANCHE WAY
MADISON WI 53704-1019

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COMMINV 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$13,618.58

Due Date: February 1, 2021

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

The return payment charge for payments not
honored by your financial institution will be
\$30.00

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000013618582006809290000317086400100001030018

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
085875341	1436 WHEELER RD	Mid-Century Insurance Company
085912886		Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$13,618.58	
	01-04-21 PAYMENT - THANK YOU	-\$13,618.58	
Current Billing Cycle			
085875341	07-01-20 HABITATIONAL		\$13,165.83
085912886	07-01-20 COMMERCIAL UMBRELLA		\$452.75
Automatic charge on February 1, 2021			\$13,618.58

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MONTHLY BILLING STATEMENT

Business Insurance

February 16, 2021

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
March 1, 2021	\$13,618.58*

Payments and policy changes processed after
February 14, 2021 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
CHRKE GRDN CONDO HMS
5217 COMANCHE WAY
MADISON WI 53704-1019

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COMMINV 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$13,618.58

Due Date: March 1, 2021

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

The return payment charge for payments not
honored by your financial institution will be
\$30.00

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000013618582005447432000317086400100001030016

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
085875341	1436 WHEELER RD	Mid-Century Insurance Company
085912886		Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$13,618.58	
	02-01-21 PAYMENT - THANK YOU	-\$13,618.58	
Current Billing Cycle			
085875341	07-01-20 HABITATIONAL		\$13,165.83
085912886	07-01-20 COMMERCIAL UMBRELLA		\$452.75
Automatic charge on March 1, 2021			\$13,618.58

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MONTHLY BILLING STATEMENT

Business Insurance

March 15, 2021

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
April 1, 2021	\$13,618.58*

Payments and policy changes processed after
March 14, 2021 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
CHRKE GRDN CONDO HMS
5217 COMANCHE WAY
MADISON WI 53704-1019

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Address Change?

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any addresses on your policy

COMMINV 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$13,618.58

Due Date: April 1, 2021

The return payment charge for payments not
honored by your financial institution will be
\$30.00

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000013618582004085574000317086400100001030015

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
085875341	1436 WHEELER RD	Mid-Century Insurance Company
085912886		Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$13,618.58	
	03-01-21 PAYMENT - THANK YOU	-\$13,618.58	
Current Billing Cycle			
085875341	07-01-20 HABITATIONAL		\$13,165.83
085912886	07-01-20 COMMERCIAL UMBRELLA		\$452.75
Automatic charge on April 1, 2021			\$13,618.58

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How to pay

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MONTHLY BILLING STATEMENT

Business Insurance

April 12, 2021

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
May 1, 2021	\$13,618.58*

Payments and policy changes processed after
April 12, 2021 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
CHRKE GRDN CONDO HMS
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

Debra L Armstrong
Phone: (608) 222- 1400
Email: darmstrong1@farmersagent.com

Online Access code

347061

Questions about your bill?

You can call Commercial Billing at
855-323-5350
8:00am- 5:00pm local time
Monday through Friday

Address Change?

Please contact your Farmers® agent to update
any addresses on your policy

COMMINS 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$13,618.58

Due Date: May 1, 2021

The return payment charge for payments not
honored by your financial institution will be
\$30.00

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000013618582002723716000317086400100001030014

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
085875341	1436 WHEELER RD	Mid-Century Insurance Company
085912886		Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$13,618.58	
	04-01-21 PAYMENT - THANK YOU	-\$13,618.58	
Current Billing Cycle			
085875341	07-01-20 HABITATIONAL		\$13,165.83
085912886	07-01-20 COMMERCIAL UMBRELLA		\$452.75
Automatic charge on May 1, 2021			\$13,618.58

¹ The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

How to pay

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MONTHLY BILLING STATEMENT

Business Insurance

May 12, 2021

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
June 1, 2021	\$13,618.58*

Payments and policy changes processed after
May 12, 2021 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
CHRKE GRDN CONDO HMS
5217 COMANCHE WAY
MADISON WI 53704-1019

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Address Change?

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any addresses on your policy

COMMINS 10-18

Page 1 of 2

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$13,618.58

Due Date: June 1, 2021

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

The return payment charge for payments not
honored by your financial institution will be
\$30.00

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000013618582001361858000317086400100001030013

Policies on this billing account

Policy number	First listed location or vehicle
085875341	1436 WHEELER RD
085912886	

Issuing Insurer(s)

Mid-Century Insurance Company
Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$13,618.58	
	05-03-21 PAYMENT - THANK YOU	-\$13,618.58	
Current Billing Cycle			
085875341	07-01-20 HABITATIONAL		\$13,165.83
085912886	07-01-20 COMMERCIAL UMBRELLA		\$452.75
Automatic charge on June 1, 2021			\$13,618.58

¹The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

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MONTHLY BILLING STATEMENT

Business Insurance

June 15, 2020

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
July 1, 2020	\$1,923.74*

Payments and policy changes processed after
June 14, 2020 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
C/O RICK LENART
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

Debra L Armstrong
Phone: (608) 222- 1400
Email: darmstrong1@farmersagent.com

Online Access code

347061

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Monday through Friday

Address Change?

Please contact your Farmers® agent to update
any addresses on your policy

COMMINV 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$1,923.74

Due Date: July 1, 2020

The return payment charge for payments not
honored by your financial institution will be
\$30.00

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000001923742002308400000140603900100001030012

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
B22088744	1436 WHEELER RD	Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$2,057.00	
	06-01-20 PAYMENT - THANK YOU	-\$2,057.00	
Current Billing Cycle			
B22088744	07-01-19 WORKERS COMPENSATION		0.00
B22088744	07-01-20 WORKERS COMPENSATION - RENEWAL	\$23,084.00	\$1,923.74
Automatic charge on July 1, 2020			\$1,923.74

¹ The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

How to pay

Pay online. Visit us online at www.farmers.com/payments

Pay by phone. Call 866-315-8445

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MONTHLY BILLING STATEMENT

Business Insurance

July 13, 2020

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
August 1, 2020	\$1,923.66*

Payments and policy changes processed after
July 12, 2020 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
C/O RICK LENART
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

Debra L Armstrong
Phone: (608) 222- 1400
Email: darmstrong1@farmersagent.com

Online Access code

347061

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Address Change?

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any addresses on your policy

COMMINV 10-18

Page 1 of 2

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$1,923.66

Due Date: August 1, 2020

The return payment charge for payments not
honored by your financial institution will be
\$30.00

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000001923662002116026000140603900100001030013

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
B22088744	1436 WHEELER RD	Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$1,923.74	
	07-01-20 PAYMENT - THANK YOU	-\$1,923.74	
Current Billing Cycle			
B22088744	07-01-20 WORKERS COMPENSATION		\$1,923.66
Automatic charge on August 1, 2020			\$1,923.66

¹ The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

Future installment schedule for remaining payments³

Due Date	09/01/20	10/01/20	11/01/20	12/01/20	01/01/21	02/01/21
B22088744 Premium	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66
Total Due	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66
Due Date	03/01/21	04/01/21	05/01/21	06/01/21		
B22088744 Premium	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66		
Total Due	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66		

³ Actual billed amount may change based on payment activity, policy changes and renewals.

How to pay

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MONTHLY BILLING STATEMENT

Business Insurance

August 12, 2020

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
September 1, 2020	\$1,923.66*

Payments and policy changes processed after
August 12, 2020 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
C/O RICK LENART
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

Debra L Armstrong
Phone: (608) 222- 1400
Email: darmstrong1@farmersagent.com

Online Access code

347061

Questions about your bill?

You can call Commercial Billing at
855-323-5350
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Address Change?

Please contact your Farmers® agent to update
any addresses on your policy

COMMINS 10-18

Page 1 of 2

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$1,923.66

Due Date: September 1, 2020

The return payment charge for payments not
honored by your financial institution will be
\$30.00

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000001923662001923660000140603900100001030014

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
B22088744	1436 WHEELER RD	Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$1,923.66	
	08-03-20 PAYMENT - THANK YOU	-\$1,923.66	
Current Billing Cycle			
B22088744	07-01-20 WORKERS COMPENSATION		\$1,923.66
Automatic charge on September 1, 2020			\$1,923.66

¹ The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

Future installment schedule for remaining payments³

Due Date	10/01/20	11/01/20	12/01/20	01/01/21	02/01/21	03/01/21
B22088744 Premium	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66
Total Due	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66
Due Date	04/01/21	05/01/21	06/01/21			
B22088744 Premium	\$1,923.66	\$1,923.66	\$1,923.66			
Total Due	\$1,923.66	\$1,923.66	\$1,923.66			

³ Actual billed amount may change based on payment activity, policy changes and renewals.

How to pay

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MONTHLY BILLING STATEMENT

Business Insurance

December 14, 2020

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
January 1, 2021	\$1,907.64*

Payments and policy changes processed after
December 13, 2020 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
C/O RICK LENART
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

Debra L Armstrong
Phone: (608) 222- 1400
Email: darmstrong1@farmersagent.com

Online Access code

347061

Questions about your bill?

You can call Commercial Billing at
855-323-5350
8:00am- 5:00pm local time
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Address Change?

Please contact your Farmers® agent to update
any addresses on your policy

COMMINS 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$1,907.64

Due Date: January 1, 2021

The return payment charge for payments not
honored by your financial institution will be
\$30.00

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000001907642001152594000140603900100001030015

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
B22088744	1436 WHEELER RD	Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$1,923.66	
	09-01-20 PAYMENT - THANK YOU	-\$1,923.66	
	09-07-20 PAYMENT TRANSFER	-\$2,100.00	
Current Billing Cycle			
B22088744	07-01-19 WORKERS COMPENSATION		0.00
	07-01-19 WORKERS COMPENSATION - AUDIT CREDIT	-\$3,687.00	
B22088744	07-01-20 WORKERS COMPENSATION		\$1,907.64
Automatic charge on January 1, 2021			\$1,907.64

¹ The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

How to pay

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MONTHLY BILLING STATEMENT

Business Insurance

January 12, 2021

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
February 1, 2021	\$1,923.66*

Payments and policy changes processed after
January 12, 2021 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
C/O RICK LENART
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

Debra L Armstrong
Phone: (608) 222- 1400
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Online Access code

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Monday through Friday

Address Change?

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any addresses on your policy

COMMINS 10-18

Page 1 of 2

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$1,923.66

Due Date: February 1, 2021

The return payment charge for payments not
honored by your financial institution will be
\$30.00

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000001923662000961830000140603900100001030018

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
B22088744	1436 WHEELER RD	Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$1,907.64	
	01-04-21 PAYMENT - THANK YOU	-\$1,907.64	
Current Billing Cycle			
B22088744	07-01-20 WORKERS COMPENSATION		\$1,923.66
Automatic charge on February 1, 2021			\$1,923.66

¹ The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

Future installment schedule for remaining payments³

Due Date	03/01/21	04/01/21	05/01/21	06/01/21
B22088744 Premium	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66
Total Due	\$1,923.66	\$1,923.66	\$1,923.66	\$1,923.66

³ Actual billed amount may change based on payment activity, policy changes and renewals.

How to pay

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MONTHLY BILLING STATEMENT

Business Insurance

February 16, 2021

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
March 1, 2021	\$1,923.66*

Payments and policy changes processed after
February 14, 2021 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
C/O RICK LENART
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

Debra L Armstrong
Phone: (608) 222- 1400
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347061

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Monday through Friday

Address Change?

Please contact your Farmers® agent to update
any addresses on your policy

COMMINS 10-18

Page 1 of 2

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$1,923.66

Due Date: March 1, 2021

The return payment charge for payments not
honored by your financial institution will be
\$30.00

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000001923662000769464000140603900100001030010

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
B22088744	1436 WHEELER RD	Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$1,923.66	
	02-01-21 PAYMENT - THANK YOU	-\$1,923.66	
Current Billing Cycle			
B22088744	07-01-20 WORKERS COMPENSATION		\$1,923.66
	Automatic charge on March 1, 2021		\$1,923.66

¹ The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

Future installment schedule for remaining payments³

Due Date	04/01/21	05/01/21	06/01/21
B22088744 Premium	\$1,923.66	\$1,923.66	\$1,923.66
Total Due	\$1,923.66	\$1,923.66	\$1,923.66

³ Actual billed amount may change based on payment activity, policy changes and renewals.

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MONTHLY BILLING STATEMENT

Business Insurance

March 15, 2021

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
April 1, 2021	\$1,923.66*

Payments and policy changes processed after
March 14, 2021 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
C/O RICK LENART
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

Debra L Armstrong
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Online Access code

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Monday through Friday

Address Change?

Please contact your Farmers® agent to update
any addresses on your policy

COMMINV 10-18

Page 1 of 2

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$1,923.66

Due Date: April 1, 2021

The return payment charge for payments not
honored by your financial institution will be
\$30.00

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000001923662000577098000140603900100001030018

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
B22088744	1436 WHEELER RD	Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$1,923.66	
	03-01-21 PAYMENT - THANK YOU	-\$1,923.66	
Current Billing Cycle			
B22088744	07-01-20 WORKERS COMPENSATION		\$1,923.66
Automatic charge on April 1, 2021			\$1,923.66

¹ The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

Future installment schedule for remaining payments³

Due Date	05/01/21	06/01/21
B22088744 Premium	\$1,923.66	\$1,923.66
Total Due	\$1,923.66	\$1,923.66

³ Actual billed amount may change based on payment activity, policy changes and renewals.

How to pay

Pay online. Visit us online at www.farmers.com and click on pay bill

Pay by phone. Call 855-323-5350

Pay by mail. Send us your check or money order with your payment stub

Pay your agent directly. Visit your agent's office with your payment



Save stamps, time and...trees!

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MONTHLY BILLING STATEMENT

Business Insurance

April 12, 2021

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
May 1, 2021	\$1,923.66*

Payments and policy changes processed after
April 12, 2021 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
C/O RICK LENART
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

Debra L Armstrong
Phone: (608) 222- 1400
Email: darmstrong1@farmersagent.com

Online Access code

347061

Questions about your bill?

You can call Commercial Billing at
855-323-5350
8:00am- 5:00pm local time
Monday through Friday

Address Change?

Please contact your Farmers® agent to update
any addresses on your policy

COMMINS 10-18

Page 1 of 2

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$1,923.66

Due Date: May 1, 2021

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

The return payment charge for payments not
honored by your financial institution will be
\$30.00

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000001923662000384732000140603900100001030015

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
B22088744	1436 WHEELER RD	Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$1,923.66	
	04-01-21 PAYMENT - THANK YOU	-\$1,923.66	
Current Billing Cycle			
B22088744	07-01-20 WORKERS COMPENSATION		\$1,923.66
Automatic charge on May 1, 2021			\$1,923.66

¹ The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

Future installment schedule for remaining payments³

Due Date	06/01/21
B22088744 Premium	\$1,923.66
Total Due	\$1,923.66

³ Actual billed amount may change based on payment activity, policy changes and renewals.

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MONTHLY BILLING STATEMENT

Business Insurance

May 12, 2021

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
June 1, 2021	\$1,923.66*

Payments and policy changes processed after
May 12, 2021 will appear on the next bill.

Please see the following page for complete details on the policy(ies) on
this account.

*No action required. You are enrolled in an automatic payment plan.
The total payment due will be withdrawn on the automatic withdraw
date.

Payor Name & Address

CHEROKEE GARDEN CONDO
C/O RICK LENART
5217 COMANCHE WAY
MADISON WI 53704-1019

Your Farmers® Agent

Debra L Armstrong
Phone: (608) 222- 1400
Email: darmstrong1@farmersagent.com

Online Access code

347061

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Monday through Friday

Address Change?

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any addresses on your policy

COMMINS 10-18

Page 1 of 2

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$1,923.66

Due Date: June 1, 2021

The return payment charge for payments not
honored by your financial institution will be
\$30.00

Do Not Pay. You are enrolled in an automatic
pay plan. The total amount due will be withdrawn on the
due date.

FARMERS INSURANCE EXCHANGE
P.O. BOX 4665
CAROL STREAM, IL 60197-4665



060000000001923662000192366000140603900100001030014

Policies on this billing account

Policy number	First listed location or vehicle	Issuing Insurer(s)
B22088744	1436 WHEELER RD	Truck Insurance Exchange

Explanation of charges and premium due

Policy	Transaction Description	Total premium change amount ¹	Impact on premium due
Previous Billing Cycle			
	LAST BILLED AMOUNT	\$1,923.66	
	05-03-21 PAYMENT - THANK YOU	-\$1,923.66	
Current Billing Cycle			
B22088744	07-01-20 WORKERS COMPENSATION		\$1,923.66
Automatic charge on June 1, 2021			\$1,923.66

¹ The unbilled portion of these changes not included in the current payment due will carry over to the remaining installments in the term. For additional details on the changes, please reference the policy documents previously sent to you.

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