



MONTHLY BILLING STATEMENT

Business Insurance

June 14, 2021

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on

July 1, 2021

\$17,685.61*

Payments and policy changes processed after
June 13, 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The total payment due will be withdrawn on the automatic withdraw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: \$17,685.61

Due Date: July 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 The total amount due will be withdrawn on the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



060000000017685612021222600000317086400100001030015

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	
	06-01-21 PAYMENT - THANK YOU	-\$13,618.58	
Current Billing Cycle			
085875341	07-01-20 HABITATIONAL		0.00
085912886	07-01-20 COMMERCIAL UMBRELLA		0.00
085875341	07-01-21 HABITATIONAL - RENEWAL	\$206,782.00	\$17,231.87
085912886	07-01-21 COMMERCIAL UMBRELLA - RENEWAL	\$5,444.00	\$453.74
Automatic charge on July 1, 2021			\$17,685.61

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.

*Assoc Agencies
1709*

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MONTHLY BILLING STATEMENT

Business Insurance

July 12, 2021

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
August 1, 2021	\$17,685.49*

Payments and policy changes processed after
July 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

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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: \$17,685.49

Due Date: August 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



060000000017685492019454039000317086400100001030014

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	\$17,685.61	
	07-01-21 PAYMENT - THANK YOU	-\$17,685.61	
Current Billing Cycle			
085875341	07-01-21 HABITATIONAL		\$17,231.83
085912886	07-01-21 COMMERCIAL UMBRELLA		\$453.66
Automatic charge on August 1, 2021			\$17,685.49

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MONTHLY BILLING STATEMENT

Business Insurance

August 12, 2021

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
September 1, 2021	\$17,685.49*

Payments and policy changes processed after
August 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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COMMINS 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$17,685.49

Due Date: September 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



0600000000017685492017685490000317086400100001030014

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	\$17,685.49	
	08-02-21 PAYMENT - THANK YOU	-\$17,685.49	
Current Billing Cycle			
085875341	07-01-21 HABITATIONAL		\$17,231.83
085912886	07-01-21 COMMERCIAL UMBRELLA		\$453.66
Automatic charge on September 1, 2021			\$17,685.49

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MONTHLY BILLING STATEMENT

Business Insurance

September 13, 2021

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
October 1, 2021	\$17,685.49*

Payments and policy changes processed after
September 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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Monday through Friday

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: \$17,685.49

Due Date: October 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



060000000017685492015916941000317086400100001030011

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	\$17,685.49	
	09-01-21 PAYMENT - THANK YOU	-\$17,685.49	
Current Billing Cycle			
085875341	07-01-21 HABITATIONAL		\$17,231.83
085912886	07-01-21 COMMERCIAL UMBRELLA		\$453.66
Automatic charge on October 1, 2021			\$17,685.49

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MONTHLY BILLING STATEMENT

Business Insurance

October 12, 2021

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
November 1, 2021	\$17,685.49*

Payments and policy changes processed after
October 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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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: F003170864-001-00001

Amount Due: \$17,685.49

Due Date: November 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



060000000017685492014148392000317086400100001030010

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	\$17,685.49	
	10-03-21 PAYMENT - THANK YOU	-\$17,685.49	
Current Billing Cycle			
085875341	07-01-21 HABITATIONAL		\$17,231.83
085912886	07-01-21 COMMERCIAL UMBRELLA		\$453.66
Automatic charge on November 1, 2021			\$17,685.49

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MONTHLY BILLING STATEMENT

Business Insurance

November 15, 2021

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
December 1, 2021	\$17,685.49*

Payments and policy changes processed after
November 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

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

COMMINS 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$17,685.49

Due Date: December 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



060000000017685492012379843000317086400100001030016

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	\$17,685.49	
	11-01-21 PAYMENT - THANK YOU	-\$17,685.49	
Current Billing Cycle			
085875341	07-01-21 HABITATIONAL		\$17,231.83
085912886	07-01-21 COMMERCIAL UMBRELLA		\$453.66
Automatic charge on December 1, 2021			\$17,685.49

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MONTHLY BILLING STATEMENT

Business Insurance

December 13, 2021

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
January 1, 2022	\$17,685.49*

Payments and policy changes processed after
December 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

COMMINV 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$17,685.49

Due Date: January 1, 2022

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



060000000017685492010611294000317086400100001030014

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	\$17,685.49	
	12-01-21 PAYMENT - THANK YOU	-\$17,685.49	
Current Billing Cycle			
085875341	07-01-21 HABITATIONAL		\$17,231.83
085912886	07-01-21 COMMERCIAL UMBRELLA		\$453.66
Automatic charge on January 1, 2022			\$17,685.49

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MONTHLY BILLING STATEMENT

Business Insurance

January 12, 2022

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on
February 1, 2022 \$17,685.49*

Payments and policy changes processed after
January 12, 2022 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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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: F003170864-001-00001

Amount Due: \$17,685.49

Due Date: February 1, 2022

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



060000000017685492008842745000317086400100001030010

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	\$17,685.49	
	01-03-22 PAYMENT - THANK YOU	-\$17,685.49	
Current Billing Cycle			
085875341	07-01-21 HABITATIONAL		\$17,231.83
085912886	07-01-21 COMMERCIAL UMBRELLA		\$453.66
Automatic charge on February 1, 2022			\$17,685.49

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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Future installment schedule for remaining payments³

Due Date	03/01/22	04/01/22	05/01/22	06/01/22
085875341 Premium	\$17,231.83	\$17,231.83	\$17,231.83	\$17,231.83
085912886 Premium	\$453.66	\$453.66	\$453.66	\$453.66
Total Due	\$17,685.49	\$17,685.49	\$17,685.49	\$17,685.49

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



MONTHLY BILLING STATEMENT

Business Insurance

February 14, 2022

Billing Summary

Account Number:

F003170864-001-00001

Payment due on
March 1, 2022

\$17,691.49*

Payments and policy changes processed after
February 13, 2022 will appear on the next bill.

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

IMPORTANT: Payment must be received by the due
date.**

*The minimum amount due to avoid issuance of a
cancellation notice is \$17,691.49

**If we do not receive the minimum due by the due date on
this invoice, you will be assessed a late fee of \$20.00

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

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Questions about your bill?

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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: F003170864-001-00001

Amount Due: \$17,691.49

Due Date: March 1, 2022

Amount Enclosed:

Paying by check?

Please make your check payable to Farmers Insurance
Exchange, write your account
number on it, and mail it to us with this payment stub.

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



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

060000000017691492007074796000317086400100001030012

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	\$17,685.49	
	02-01-22 PAYMENT - THANK YOU	-\$17,685.49	
Current Billing Cycle			
085875341	07-01-21 HABITATIONAL		\$17,231.83
085912886	07-01-21 COMMERCIAL UMBRELLA		\$453.66
	INSTALLMENT FEE ²	\$6.00	\$6.00
Payment due on March 1, 2022			\$17,691.49

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.

²Choose automatic bank payment to eliminate this fee.

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MONTHLY BILLING STATEMENT

Business Insurance

March 14, 2022

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
April 1, 2022	\$17,685.49*

Payments and policy changes processed after
March 13, 2022 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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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: F003170864-001-00001

Amount Due: \$17,685.49

Due Date: April 1, 2022

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



060000000017685492005305647000317086400100001030014

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	\$17,691.49	
	03-01-22 PAYMENT - THANK YOU	-\$17,691.49	
Current Billing Cycle			
085875341	07-01-21 HABITATIONAL		\$17,231.83
085912886	07-01-21 COMMERCIAL UMBRELLA		\$453.66
Automatic charge on April 1, 2022			\$17,685.49

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.

How to pay

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MONTHLY BILLING STATEMENT

Business Insurance

April 12, 2022

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on
May 1, 2022 \$17,685.49*

Payments and policy changes processed after
April 12, 2022 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
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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: F003170864-001-00001

Amount Due: \$17,685.49

Due Date: May 1, 2022

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



060000000017685492003537098000317086400100001030015

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	\$17,685.49	
	04-03-22 PAYMENT - THANK YOU	-\$17,685.49	
Current Billing Cycle			
085875341	07-01-21 HABITATIONAL		\$17,231.83
085912886	07-01-21 COMMERCIAL UMBRELLA		\$453.66
Automatic charge on May 1, 2022			\$17,685.49

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

May 12, 2022

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
June 1, 2022	\$17,685.49*

Payments and policy changes processed after
May 12, 2022 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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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: F003170864-001-00001

Amount Due: \$17,685.49

Due Date: June 1, 2022

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



060000000017685492001768549000317086400100001030011

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	\$17,685.49	
	05-02-22 PAYMENT - THANK YOU	-\$17,685.49	
Current Billing Cycle			
085875341	07-01-21 HABITATIONAL		\$17,231.83
085912886	07-01-21 COMMERCIAL UMBRELLA		\$453.66
Automatic charge on June 1, 2022			\$17,685.49

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

June 14, 2021

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
July 1, 2021	\$1,777.37*

Payments and policy changes processed after
June 13, 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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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: F001406039-001-00001

Amount Due: \$1,777.37

Due Date: July 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



060000000001777372002132800000140603900100001030012

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	
	06-01-21 PAYMENT - THANK YOU	-\$1,923.66	
Current Billing Cycle			
B22088744	07-01-20 WORKERS COMPENSATION		0.00
B22088744	07-01-21 WORKERS COMPENSATION - RENEWAL	\$21,328.00	\$1,777.37
Automatic charge on July 1, 2021			\$1,777.37

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 12, 2021

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
August 1, 2021	\$1,777.33*

Payments and policy changes processed after
July 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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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: \$1,777.33

Due Date: August 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



060000000001777332001955063000140603900100001030012

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	\$1,777.37	
	07-01-21 PAYMENT - THANK YOU	-\$1,777.37	
Current Billing Cycle			
B22088744	07-01-21 WORKERS COMPENSATION		\$1,777.33
Automatic charge on August 1, 2021			\$1,777.33

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	09/01/21	10/01/21	11/01/21	12/01/21	01/01/22	02/01/22
B22088744 Premium	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33
Total Due	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33
Due Date	03/01/22	04/01/22	05/01/22	06/01/22		
B22088744 Premium	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33		
Total Due	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33		

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

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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	\$17,685.49	
	09-01-21 PAYMENT - THANK YOU	-\$17,685.49	
Current Billing Cycle			
085875341	07-01-21 HABITATIONAL		\$17,231.83
085912886	07-01-21 COMMERCIAL UMBRELLA		\$453.66
Automatic charge on October 1, 2021			\$17,685.49

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

November 15, 2021

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
December 1, 2021	\$7.99*

Payments and policy changes processed after
November 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
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 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$7.99

Due Date: December 1, 2021

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



06000000000000007992001067197000140603900100001030017

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	\$1,777.33	
	09-01-21 PAYMENT - THANK YOU	-\$1,777.33	
	09-09-21 PAYMENT TRANSFER	-\$1,973.00	
Current Billing Cycle			
B22088744	07-01-20 WORKERS COMPENSATION		0.00
	07-01-20 WORKERS COMPENSATION - AUDIT CREDIT	-\$3,351.00	
B22088744	07-01-21 WORKERS COMPENSATION		\$7.99
Automatic charge on December 1, 2021			\$7.99

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

December 13, 2021

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on
January 1, 2022 \$1,777.33*

Payments and policy changes processed after
December 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?

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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: \$1,777.33

Due Date: January 1, 2022

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



060000000001777332001066398000140603900100001030018

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	\$7.99	
	12-01-21 PAYMENT - THANK YOU	-\$7.99	
Current Billing Cycle			
B22088744	07-01-21 WORKERS COMPENSATION		\$1,777.33
Automatic charge on January 1, 2022			\$1,777.33

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	02/01/22	03/01/22	04/01/22	05/01/22	06/01/22
B22088744 Premium	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33
Total Due	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33

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

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MONTHLY BILLING STATEMENT

Business Insurance

January 12, 2022

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on
February 1, 2022 \$1,777.33*

Payments and policy changes processed after
January 12, 2022 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: \$1,777.33

Due Date: February 1, 2022

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



060000000001777332000888665000140603900100001030018

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	\$1,777.33	
	01-03-22 PAYMENT - THANK YOU	-\$1,777.33	
Current Billing Cycle			
B22088744	07-01-21 WORKERS COMPENSATION		\$1,777.33
Automatic charge on February 1, 2022			\$1,777.33

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	03/01/22	04/01/22	05/01/22	06/01/22
B22088744 Premium	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33
Total Due	\$1,777.33	\$1,777.33	\$1,777.33	\$1,777.33

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

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MONTHLY BILLING STATEMENT

Business Insurance

February 14, 2022

Billing Summary

Account Number:

F001406039-001-00001

Payment due on
March 1, 2022

\$1,783.33*

Payments and policy changes processed after
February 13, 2022 will appear on the next bill.

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

IMPORTANT: Payment must be received by the due
date.**

*The minimum amount due to avoid issuance of a
cancellation notice is \$1,783.33

**If we do not receive the minimum due by the due date on
this invoice, you will be assessed a late fee of \$20.00

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: \$1,783.33

Due Date: March 1, 2022

Amount Enclosed:

Paying by check?

Please make your check payable to Farmers Insurance
Exchange, write your account
number on it, and mail it to us with this payment stub.

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



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

060000000001783332000711532000140603900100001030011

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	\$1,777.33	
	02-01-22 PAYMENT - THANK YOU	-\$1,777.33	
Current Billing Cycle			
B22088744	07-01-21 WORKERS COMPENSATION		\$1,777.33
	INSTALLMENT FEE ²	\$6.00	\$6.00
Payment due on March 1, 2022			\$1,783.33

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.

² Choose automatic bank payment to eliminate this fee.

Future installment schedule for remaining payments³

Due Date	04/01/22	05/01/22	06/01/22
B22088744 Premium	\$1,777.33	\$1,777.33	\$1,777.33
Installment Fee	\$6.00	\$6.00	\$6.00
Total Due	\$1,783.33	\$1,783.33	\$1,783.33

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

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MONTHLY BILLING STATEMENT

Business Insurance

March 14, 2022

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
April 1, 2022	\$1,777.33*

Payments and policy changes processed after
March 13, 2022 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

COMMINV 10-18

Page 1 of 2

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$1,777.33

Due Date: April 1, 2022

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



060000000001777332000533199000140603900100001030017

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	\$1,783.33	
	03-01-22 PAYMENT - THANK YOU	-\$1,783.33	
Current Billing Cycle			
B22088744	07-01-21 WORKERS COMPENSATION		\$1,777.33
Automatic charge on April 1, 2022			\$1,777.33

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	05/01/22	06/01/22
B22088744 Premium	\$1,777.33	\$1,777.33
Total Due	\$1,777.33	\$1,777.33

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!

Discontinue paper mailing and set up automatic payments at www.farmers.com and click on pay bill



MONTHLY BILLING STATEMENT

Business Insurance

April 12, 2022

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
May 1, 2022	\$1,777.33*

Payments and policy changes processed after
April 12, 2022 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

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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: \$1,777.33

Due Date: May 1, 2022

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



060000000001777332000355466000140603900100001030015

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	\$1,777.33	
	04-03-22 PAYMENT - THANK YOU	-\$1,777.33	
Current Billing Cycle			
B22088744	07-01-21 WORKERS COMPENSATION		\$1,777.33
Automatic charge on May 1, 2022			\$1,777.33

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	06/01/22
B22088744 Premium	\$1,777.33
Total Due	\$1,777.33

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

How to pay

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

Business Insurance

May 12, 2022

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on
June 1, 2022 \$1,777.33*

Payments and policy changes processed after
May 12, 2022 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

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347061

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Monday through Friday

Address Change?

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COMMINS 10-18

Page 1 of 2

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$1,777.33

Due Date: June 1, 2022

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



060000000001777332000177733000140603900100001030014

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	\$1,777.33	
	05-02-22 PAYMENT - THANK YOU	-\$1,777.33	
Current Billing Cycle			
B22088744	07-01-21 WORKERS COMPENSATION		\$1,777.33
Automatic charge on June 1, 2022			\$1,777.33

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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CHEROKEE GARDEN CONDOMINIUM HOMES, INC.
INVOICE ENTRY/PAYMENT APPROVAL FORM

VENDOR # 36100

VENDOR: Assoc Agencies

PAYMENT INFORMATION:

DATE PAID: 08/10/21

PAID BY CHECK # 18547

APPROVED FOR PAYMENT BY: Gar

=====

INVOICE INFORMATION:

INVOICE # 8/4/21

INVOICE DATE 8, 4, 21

DUE DATE: 08/10/21

IF NO INVOICE IS ATTACHED:

FOR: _____

ACCT #	AMOUNT
<u>1061</u>	<u>1709.00</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

INVOICE TOTAL: 1709.00

=====



Associated Agencies

2317 International Lane, Ste 104
Madison, WI 53704

Phone: 608-235-2021 or
608-241-2516

Fax: 608-249-3294

E-mail: nolaninsures@powercom.net

Invoice Date : 08/04/2021

Due Date: Upon receipt

Cherokee Garden Condominium Homes, Inc
1436 Wheeler Road
Madison, WI 53704

Policy Effective Date / Policy Expiration Date	Policy Number	Notes	Premium Charges	Premium Credits	Balance
09-24-2021 / 09-24-2022	EPL021Y3726	Renewal of EPL1008772P	1,709.00		1,709.00
				Amount Due / Credit	1,709.00

Please make checks out to Associated Agencies

Thank you,

Nolan Anderson

190 Devon Park Drive, Wayne, PA 19087
Phone (888) 523-5545 Fax (610) 687-0080

Employment Practices Liability
Confirmation of Material Information Form
for Renewal Policies Only

YES NO

- EPL-MIF (03/15)