

Cherokee Garden Condominium Homes, Inc.
For Year Ended June 30, 2020

Prepaid Insurance



MONTHLY BILLING STATEMENT

Business Insurance

June 12, 2019

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on

July 1, 2019

\$11,702.62*

Payments and policy changes processed after
June 12, 2019 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The total payment due will be withdrawn on the automatic withdraw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

Nolan B Anderson
Phone: (608) 849- 5039
Email: nanderson@farmersagent.com

Online Access code

347087

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: \$11,702.62

Due Date: July 1, 2019

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 The total amount due will be withdrawn on the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



060000000011702622014043100000317086400100001030015

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	\$10,899.99	
	06-03-19 PAYMENT - THANK YOU	-\$10,899.99	
Current Billing Cycle			
085875341	07-01-18 HABITATIONAL		0.00
085912886	07-01-18 COMMERCIAL UMBRELLA		0.00
085875341	07-01-19 HABITATIONAL - RENEWAL	\$133,726.00	\$11,143.87
085912886	07-01-19 COMMERCIAL UMBRELLA - RENEWAL	\$6,705.00	\$558.75
Automatic charge on July 1, 2019			\$11,702.62

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

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MONTHLY BILLING STATEMENT

Business Insurance

July 14, 2019

Billing Summary

Account Number:

F003170864-001-00001

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

Automatic charge on
August 1, 2019 \$11,702.58*

Payments and policy changes processed after
July 14, 2019 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.

COMMINS 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$11,702.58

Due Date: August 1, 2019

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



060000000011702582012872838000317086400100001030018

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	\$11,702.62	
	07-01-19 PAYMENT - THANK YOU	-\$11,702.62	
Current Billing Cycle			
085875341	07-01-19 HABITATIONAL		\$11,143.83
085912886	07-01-19 COMMERCIAL UMBRELLA		\$558.75
Automatic charge on August 1, 2019			\$11,702.58

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MONTHLY BILLING STATEMENT

Business Insurance

August 12, 2019

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
September 1, 2019	\$11,702.58*

Payments and policy changes processed after
August 12, 2019 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: \$11,702.58

Due Date: September 1, 2019

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



060000000011702582011702580000317086400100001030014

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	\$11,702.58	
	08-01-19 PAYMENT - THANK YOU	-\$11,702.58	
Current Billing Cycle			
085875341	07-01-19 HABITATIONAL		\$11,143.83
085912886	07-01-19 COMMERCIAL UMBRELLA		\$558.75
Automatic charge on September 1, 2019			\$11,702.58

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MONTHLY BILLING STATEMENT

Business Insurance

September 12, 2019

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
October 1, 2019	\$11,702.58*

Payments and policy changes processed after
September 12, 2019 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?

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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: \$11,702.58

Due Date: October 1, 2019

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



060000000011702582010532322000317086400100001030019

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	\$11,702.58	
	09-03-19 PAYMENT - THANK YOU	-\$11,702.58	
Current Billing Cycle			
085875341	07-01-19 HABITATIONAL		\$11,143.83
085912886	07-01-19 COMMERCIAL UMBRELLA		\$558.75
Automatic charge on October 1, 2019			\$11,702.58

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MONTHLY BILLING STATEMENT

Business Insurance

October 15, 2019

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on
November 1, 2019 \$11,702.58*

Payments and policy changes processed after
October 13, 2019 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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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: \$11,702.58

Due Date: November 1, 2019

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



060000000011702582009362064000317086400100001030014

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	\$11,702.58	
	10-01-19 PAYMENT - THANK YOU	-\$11,702.58	
Current Billing Cycle			
085875341	07-01-19 HABITATIONAL		\$11,143.83
085912886	07-01-19 COMMERCIAL UMBRELLA		\$558.75
Automatic charge on November 1, 2019			\$11,702.58

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MONTHLY BILLING STATEMENT

Business Insurance

November 12, 2019

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on
December 1, 2019 \$11,702.58*

Payments and policy changes processed after
November 12, 2019 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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COMMINS 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$11,702.58

Due Date: December 1, 2019

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



060000000011702582008191806000317086400100001030017

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	\$11,702.58	
	11-03-19 PAYMENT - THANK YOU	-\$11,702.58	
Current Billing Cycle			
085875341	07-01-19 HABITATIONAL		\$11,143.83
085912886	07-01-19 COMMERCIAL UMBRELLA		\$558.75
Automatic charge on December 1, 2019			\$11,702.58

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MONTHLY BILLING STATEMENT

Business Insurance

December 12, 2019

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on

January 1, 2020

\$11,702.58*

Payments and policy changes processed after
December 12, 2019 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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5217 COMANCHE WAY
MADISON WI 53704-1019

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Address Change?

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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: \$11,702.58

Due Date: January 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



060000000011702582007021548000317086400100001030013

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	\$11,702.58	
	12-02-19 PAYMENT - THANK YOU	-\$11,702.58	
Current Billing Cycle			
085875341	07-01-19 HABITATIONAL		\$11,143.83
085912886	07-01-19 COMMERCIAL UMBRELLA		\$558.75
Automatic charge on January 1, 2020			\$11,702.58

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MONTHLY BILLING STATEMENT

Business Insurance

January 13, 2020

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on
February 1, 2020 \$11,702.58*

Payments and policy changes processed after
January 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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Address Change?

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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: \$11,702.58

Due Date: February 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



060000000011702582005851290000317086400100001030011

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	
	01-02-20 PAYMENT - THANK YOU	-\$11,702.58	
Current Billing Cycle			
085875341	07-01-19 HABITATIONAL		\$11,143.83
085912886	07-01-19 COMMERCIAL UMBRELLA		\$558.75
Automatic charge on February 1, 2020			\$11,702.58

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MONTHLY BILLING STATEMENT

Business Insurance

February 12, 2020

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on

March 1, 2020

\$11,702.58*

Payments and policy changes processed after
February 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
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Payor Name & Address

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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: \$11,702.58

Due Date: March 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



060000000011702582004681032000317086400100001030016



MONTHLY BILLING STATEMENT

Business Insurance

March 12, 2020

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
April 1, 2020	\$11,702.58*

Payments and policy changes processed after
March 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

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CHRKE GRDN CONDO HMS
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Monday through Friday

Address Change?

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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: \$11,702.58

Due Date: April 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



060000000011702582003510774000317086400100001030012

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	\$11,702.58	
	03-02-20 PAYMENT - THANK YOU	-\$11,702.58	
Current Billing Cycle			
085875341	07-01-19 HABITATIONAL		\$11,143.83
085912886	07-01-19 COMMERCIAL UMBRELLA		\$558.75
Automatic charge on April 1, 2020			\$11,702.58

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MONTHLY BILLING STATEMENT

Business Insurance

April 13, 2020

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
May 1, 2020	\$11,702.58*

Payments and policy changes processed after
April 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

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

Coronavirus Update: Farmers® Commercial
Customers have extended time to pay their bill
and will not cancel or expire for non-payment
of premium up until May 1, 2020 or as directed
by your state.

COMMINS 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$11,702.58

Due Date: May 1, 2020

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



060000000011702582002340516000317086400100001030015

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	\$11,702.58	
	04-01-20 PAYMENT - THANK YOU	-\$11,702.58	
Current Billing Cycle			
085875341	07-01-19 HABITATIONAL		\$11,143.83
085912886	07-01-19 COMMERCIAL UMBRELLA		\$558.75
Automatic charge on May 1, 2020			\$11,702.58

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

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

Pay by phone. Call 866-315-8445

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



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MONTHLY BILLING STATEMENT

Business Insurance

May 12, 2020

Billing Summary

Account Number:

F003170864-001-00001

Automatic charge on	
June 1, 2020	\$11,702.58*

Payments and policy changes processed after
May 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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Monday through Friday

Address Change?

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

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F003170864-001-00001

Amount Due: \$11,702.58

Due Date: June 1, 2020

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



060000000011702582001170258000317086400100001030011

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	\$11,702.58	
	05-03-20 PAYMENT - THANK YOU	-\$11,702.58	
Current Billing Cycle			
085875341	07-01-19 HABITATIONAL		\$11,143.83
085912886	07-01-19 COMMERCIAL UMBRELLA		\$558.75
Automatic charge on June 1, 2020			\$11,702.58

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

June 12, 2019

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on
July 1, 2019 \$2,242.87*

Payments and policy changes processed after
June 12, 2019 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

Nolan B Anderson
Phone: (608) 849- 5039
Email: nanderson@farmersagent.com

Online Access code

347087

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

*Note Invoices Don't Have
Any Relationship to Actual
Charges Then 12-31-19*

COMMINS 10-18

Page 1 of 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$2,242.87

Due Date: July 1, 2019

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



060000000002242872002691400000140603900100001030013

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	\$2,070.66	
	06-03-19 PAYMENT - THANK YOU	-\$2,070.66	
Current Billing Cycle			
B22088744	07-01-18 WORKERS COMPENSATION		0.00
B22088744	07-01-19 WORKERS COMPENSATION - RENEWAL	\$24,426.00	\$2,035.50
	07-01-19 WORKERS COMPENSATION - ENDORSEMENT DEBIT	\$2,488.00	\$207.37
Automatic charge on July 1, 2019			\$2,242.87

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

August 12, 2019

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on
September 1, 2019 \$1,784.66*

Payments and policy changes processed after
August 12, 2019 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

Nolan B Anderson
Phone: (608) 849- 5039
Email: nanderson@farmersagent.com

Online Access code

347087

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: F001406039-001-00001

Amount Due: \$1,784.66

Due Date: September 1, 2019

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



060000000001784662002197013000140603900100001030019

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	\$2,242.87	
	06-27-19 PAYMENT TRANSFER	-\$1,972.00	
	07-01-19 PAYMENT - THANK YOU	-\$270.87	
Current Billing Cycle			
B22088744	07-01-17 WORKERS COMPENSATION		0.00
	07-01-17 WORKERS COMPENSATION - AUDIT CREDIT	-\$2,701.00	
B22088744	07-01-19 WORKERS COMPENSATION		\$1,784.66
Automatic charge on September 1, 2019			\$1,784.66

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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MONTHLY BILLING STATEMENT

Business Insurance

September 12, 2019

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on
October 1, 2019 \$1,499.47*

Payments and policy changes processed after
September 12, 2019 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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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: F001406039-001-00001

Amount Due: \$1,499.47

Due Date: October 1, 2019

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



060000000001499472001795547000140603900100001030019

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	\$1,784.66	
	09-03-19 PAYMENT - THANK YOU	-\$1,784.66	
Current Billing Cycle			
B22088744	07-01-19 WORKERS COMPENSATION		\$1,499.47
	07-01-19 WORKERS COMPENSATION - ENDORSEMENT CREDIT	-\$2,230.00	
Automatic charge on October 1, 2019			\$1,499.47

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 12, 2019

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on
January 1, 2020 \$1,758.47*

Payments and policy changes processed after
December 12, 2019 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 3

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$1,758.47

Due Date: January 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



060000000001758472001204347000140603900100001030018

Policies on this billing account

Policy number **First listed location or vehicle**
 B22088744 1436 WHEELER RD

Issuing Insurer(s)
 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	\$1,499.47	
	09-24-19 PAYMENT TRANSFER	-\$2,104.00	
Current Billing Cycle			
B22088744	07-01-18 WORKERS COMPENSATION		0.00
	07-01-18 WORKERS COMPENSATION - AUDIT CREDIT	-\$3,808.00	
B22088744	07-01-19 WORKERS COMPENSATION		\$1,758.47
Automatic charge on January 1, 2020			\$1,758.47

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

January 13, 2020

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
February 1, 2020	\$2,057.00*

Payments and policy changes processed after
January 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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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: \$2,057.00

Due Date: February 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



060000000002057002001028500000140603900100001030011

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	\$1,758.47	
	01-02-20 PAYMENT - THANK YOU	-\$1,758.47	
Current Billing Cycle			
B22088744	07-01-19 WORKERS COMPENSATION		\$2,057.00
Automatic charge on February 1, 2020			\$2,057.00

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	03/01/20	04/01/20	05/01/20	06/01/20
B22088744 Premium	\$2,057.00	\$2,057.00	\$2,057.00	\$2,057.00
Total Due	\$2,057.00	\$2,057.00	\$2,057.00	\$2,057.00

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 12, 2020

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on
March 1, 2020 \$2,057.00*

Payments and policy changes processed after
February 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
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: \$2,057.00

Due Date: March 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



0600000000002057002000822800000140603900100001030015

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	
	02-03-20 PAYMENT - THANK YOU	-\$2,057.00	
Current Billing Cycle			
B22088744	07-01-19 WORKERS COMPENSATION		\$2,057.00
Automatic charge on March 1, 2020			\$2,057.00

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	04/01/20	05/01/20	06/01/20
B22088744 Premium	\$2,057.00	\$2,057.00	\$2,057.00
Total Due	\$2,057.00	\$2,057.00	\$2,057.00

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

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MONTHLY BILLING STATEMENT

Business Insurance

March 12, 2020

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
April 1, 2020	\$2,057.00*

Payments and policy changes processed after
March 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

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Online Access code

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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: F001406039-001-00001

Amount Due: \$2,057.00

Due Date: April 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



060000000002057002000617100000140603900100001030019

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	
	03-02-20 PAYMENT - THANK YOU	-\$2,057.00	
Current Billing Cycle			
B22088744	07-01-19 WORKERS COMPENSATION		\$2,057.00
Automatic charge on April 1, 2020			\$2,057.00

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	05/01/20	06/01/20
B22088744 Premium	\$2,057.00	\$2,057.00
Total Due	\$2,057.00	\$2,057.00

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

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MONTHLY BILLING STATEMENT

Business Insurance

April 13, 2020

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
May 1, 2020	\$2,057.00*

Payments and policy changes processed after
April 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?

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855-323-5350
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Monday through Friday

Address Change?

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

Coronavirus Update: Farmers® Commercial
Customers have extended time to pay their bill
and will not cancel or expire for non-payment
of premium up until May 1, 2020 or as directed
by your state.

COMMINV 10-18

Page 1 of 2

Payment Stub

Payor Name: CHEROKEE GARDEN CONDO

Account Number: F001406039-001-00001

Amount Due: \$2,057.00

Due Date: May 1, 2020

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



060000000002057002000411400000140603900100001030011

Policies on this billing account

Policy number First listed location or vehicle

B22088744 1436 WHEELER RD

Issuing Insurer(s)

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	
	04-01-20 PAYMENT - THANK YOU	-\$2,057.00	
Current Billing Cycle			
B22088744	07-01-19 WORKERS COMPENSATION		\$2,057.00
Automatic charge on May 1, 2020			\$2,057.00

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	06/01/20
B22088744 Premium	\$2,057.00
Total Due	\$2,057.00

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/payments

Pay by phone. Call 866-315-8445

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/payments



MONTHLY BILLING STATEMENT

Business Insurance

May 12, 2020

Billing Summary

Account Number:

F001406039-001-00001

Automatic charge on	
June 1, 2020	\$2,057.00*

Payments and policy changes processed after
May 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
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: \$2,057.00

Due Date: June 1, 2020

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



060000000002057002000205700000140603900100001030014

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	
	05-03-20 PAYMENT - THANK YOU	-\$2,057.00	
Current Billing Cycle			
B22088744	07-01-19 WORKERS COMPENSATION		\$2,057.00
Automatic charge on June 1, 2020			\$2,057.00

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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