

¡GRACIAS POR SU PREFERENCIA! AQUÍ LE EXPLICAMOS COMO LEER SU ESTADO DE CUENTA.

ESTA PARTE CONTIENE INFORMACIÓN DE SU PAGO, Y NÚMERO DE PÓLIZA **A**, FECHA DE PAGO **B**, TAL COMO CANTIDAD **C**. TAMBIEN INCLUYE LA CANTIDAD DEL PAGO SI LO EFECTUA TARDE **D**.

POR FAVOR DESPEGUE ESTA PARTE Y ENVÍELO CON SU PAGO. 😊

ESTA SECCIÓN INDICA LOS PAGOS QUE LE VAN QUEDANDO **E**, Y SI DESEA PAGAR EL BALANCE DE SU PÓLIZA **F**.

¡NO SE
PREOCUPE!
SU PÓLIZA NO
ESTÁ CANCELADA.

ESTA PARTE INDICA CUANDO SU PÓLIZA SE CANCELARA SI EL PAGO NO ES CELLADO POR EL SERVICIO DE CORREOS ANTES O EN LA FECHA DE CANCELACIÓN **G**, SU PÓLIZA ESTÁ A UN VIGENTE.

*** →**

PREMIUM DUE NOTICE
Write your Policy Number on your payment.
Please mail payment directly to the Company.

| | | | |
|--|--|--|---|
| Notice Date: 11/07/2008 | | | |
| Policy Number PGA30139193 A | Payment Due Date 10/29/2008 B | Amount Due Now \$220.25 C | Late Payment Amount \$228.25 * D |

* LATE - If postmarked after the Due Date, a \$8.00 LATE FEE Applies
Payment postmarked after the Cancellation Date of 11/08/2008 will NOT be accepted.

00001
Insured:
**JOHN DOE
123 SAMPLE ST APT A
ANYTOWN, TX 75670**

Make Payment to:
**Partners General Agency, LLC.
PO BOX 701749
DALLAS, TX 75370-1749**

Cut along this line - Return this portion with your payment
Keep this portion

PAYMENT SCHEDULE

| Instalment Type | Due Date | Amount Due |
|-----------------|------------|------------|
| INSTALLMENT #06 | 10/29/2008 | \$220.25 |

Date Paid: _____
Amount Paid: _____
Check #: _____

WITH MY PAYMENT BY CHECK, I UNDERSTAND AND AUTHORIZE ALL DISHONORED CHECKS AND A PROCESSING FEE OF \$25.00 WITH APPLICABLE TAXES TO BE ELECTRONICALLY DEBITED FROM MY ACCOUNT.

Each payment includes an instalment fee of: \$7.50
To pay in full now: \$220.25
Minimum Now Due: \$220.25

F

There will be a \$25.00 charge for returned checks

MAKE YOUR PAYMENT ANYTIME WITH OUR AUTOMATED SYSTEM AT 1-866-798-3272 OR ONLINE AT WWW.PARTNERSGA.COM.

If a check is submitted to the company, the information from that check will be used to make an electronic payment from your account

| | | | | |
|-------------------------------------|--|---|---|----------------------------------|
| Policy Number PGA30139193 | Policy Effective Date 06/08/2008 | Policy Expiration Date 12/08/2008 | Cancellation or Termination Effective 11/08/2008 12:01 AM Standard Time | Notice Date 11/07/2008 |
|-------------------------------------|--|---|---|----------------------------------|

NOTICE OF INTENT TO CANCEL FOR NON-PAYMENT OF PREMIUM
*** THIS IS THE ONLY NOTICE YOU WILL RECEIVE REGARDING PAYMENT OF PREMIUM ***
You are hereby notified in accordance with the terms and conditions of the above mentioned policy that your insurance will be cancelled at 12:01am Standard Time on 11/08/2008 if premium due is not postmarked by the cancellation date.

Insurance Company: **OLD AMERICAN COUNTY MUTUAL FIRE INS CO**

Agent: 999999

ABC SAMPLE AGENT
1011 LOOP 281 WEST SUITE #1
LONGVIEW TX 75604
(999)999-9999

PARTNERS F-100701-00001



POR FAVOR ENVÍE LA CANTIDAD DEL PAGO A LA ATENCIÓN DE:
Partners General Agency, LLC
PO BOX 260837
Plano, Texas 75026-0837

**O HAGA SU PAGO CON NUESTRO SISTEMA AUTOMATIZADO EN 1-866-798-3272
O EN LÍNEA EN WWW.PARTNERSGA.COM**