



YOUR COMPANY NAME
1234 ELM STREET
YOUR CITY IA 55555-5555

COMMERCIAL ACCOUNT

Minimum Due: \$2,410.09

Payment is due by MAY 24, 2015

Account: 0X00000
Invoice: A-56240052
Date: 05/04/15

Your Agent:
XYZ INSURANCE AGENCY
555-555-5555

Contact your agent for policy changes, answers to coverage questions or to report a claim. You can also report a claim by calling 888-362-2255, available 24/7.

Register for Policyholder Access on www.emcins.com to manage your billing. Sign up for paperless billing notices, schedule future payments and request billing reminders.

Thank you for choosing EMC Insurance Companies to protect your business.

Please pay the minimum amount due by the due date to make sure coverage is available should you need it.

Refer to the back for more billing information.

Three Easy Ways to Report Claims

Use one of these methods to promptly report your claim:

- Call 888-362-2255 (available 24/7)
- Report online: www.emcins.com*
- Contact your agent or local EMC claim office

*Available to most policyholders

YOUR PAYMENT OPTIONS

Electronic Funds Transfer (EFT)

- Recurring automatic bank account withdrawals
- No monthly installment fee

Mail (do not send cash)

- Check
- Money order
- Cashier's check

Online at www.emcins.com

- eCheck: Single bank account withdrawal
- Credit/Debit Card: Single payment

Phone: 855-404-9076 (automated service only)

- eCheck
- Credit/Debit Card

Allow at least 7 days for your payment to reach our office. Include the bottom portion of this invoice with your payment.



Short on time? Pay online at www.emcins.com or call 855-404-9076.

COMMERCIAL ACCOUNT

Account: 0X00000
Invoice: A-56240052
Date: 05/04/15

Account Balance: \$26,460.91
Minimum Due: \$2,410.09
Date Due: 05/24/15

Amount Enclosed:

Check here and complete form on back for address change.

YOUR COMPANY NAME
1234 ELM STREET
YOUR CITY IA 55555-5555

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

00021415206000001517531562400520000264609100002410098

IMPORTANT BILLING INFORMATION

FEES

Whenever payments are made in installments, a transaction fee is charged. To avoid this fee, sign up for Electronic Funds Transfer (EFT), which will automatically withdraw the monthly premium from your bank account each time a payment is due.

RETURNED PAYMENT

If payment is returned to us by your bank, we may add a returned payment fee of \$25.00 to your account. (Fee amount may vary based on state law.)

LATE FEE

If your payment is received after the due date, you may be subject to a late fee. (Fee amount may vary based on state law.)

PAYMENT TERMS

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

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

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

- Your payment will be applied to the premium due for the entire account. Alternate payment instructions will not be honored.
- Return premium for a policy change or cancellation of one or more policies in the account will be applied to the unpaid balance of the account. If there is no balance due on your account, a check will be issued for the amount of the credit balance.
- If the minimum due is not paid by the due date, all policies in the account will be subject to cancellation or expiration.
- Payment processing is an administrative function; therefore, if your payment is received after the date of cancellation, we reserve the right to process your check and return any unearned premium without obligation to reinstate your policies.
- When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.

CHANGE OF ADDRESS

Please complete this form and mark the Change of Address box on the front.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____



YOUR COMPANY NAME
 1234 ELM STREET
 YOUR CITY IA 55555-5555

COMMERCIAL ACCOUNT

Account: 0X00000
Invoice: A-56240052
Date: 05/04/15

Account Summary

Starting Account Balance	Payments Received	New Activity	Fees and Adjustments	Current Balance	Minimum Due 05/24/15
\$28,866.00	\$2,410.09	\$0.00	\$5.00	\$26,460.91	\$2,410.09

Activity Summary

Policy	Transaction Date	Transaction Type	New Activity	Current Balance	Minimum Due
Property					
0A00000 - 16				\$2,985.58	\$271.42
Inland Marine					
0C00000 - 16				\$456.50	\$41.50
General Liability (Occurrence)					
0D00000 - 16				\$5,143.42	\$467.58
Business Auto					
0E00000 - 16				\$5,258.00	\$478.00
Workers Compensation					
0H00000 - 16				\$12,464.83	\$1,133.17
Data Compromise					
0Q00000 - 16				\$147.58	\$13.42
Account			Subtotal	\$0.00	<sBal> <sMin>
	05/04/15	Installment Fee	\$5.00	\$5.00	\$5.00
Pay in Full/Minimum Due				\$26,460.91	\$2,410.09

Any change made to your account after the issue date of this invoice will be reflected on the next invoice.

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