

Billing Statement Legend

1 Invoice summary

General summary of your account information. The Due Date is the date the payment is due. The Minimum Due is that month's installment plus any pro-rated endorsement premium and any quarterly reporting adjustments. The Agency will show "Direct Markets – Direct Sales" for customers serviced by a Zurich Account Executive and the agency name for customers serviced by an independent agent.

2 Transaction summary

Summary of activity for each policy on the account within the billing period including charges, payments and adjustments. Please note, if Zurich does not receive the minimum due by the due date on the invoice, your next payment will be accelerated and you may be charged a late fee.

3 Future installments

Schedule of future monthly premium installments and due dates as of the date of the invoice. Changes to your policy may change your installment schedule.

4 Remittance slip (front)

Remittance slip to detach from the invoice and include with your payment if paying by check.

5 Additional provisions

Brief guide included on every invoice to assist with reviewing your invoice. Includes phone number for customer service and billing inquiries.

6 Late payment verbiage

Details Zurich's policies for late payments and cancellations.

7 Messages

Important messages from Zurich may appear in this section such as the Zurich eZPay online bill pay website address and phone number to make a payment over the phone.

8 Remittance slip (back)

To change your billing address with Zurich, check the box on the front of the remittance slip and add your new billing address on the back. To change your company address on your policy, contact your Zurich Account Executive or agent.

P.O. BOX 5387
Jacksonville, FL 32247-5387

Invoice

Agency: DIRECT MARKETS - DIRECT SALES

Account Name: SAMUT0001
Account Number: M087666725-001-00001
Invoice Date: 05-05-16
Due Date: 05-25-16
Current Balance: \$7,454.00
Minimum Due: \$3,105.88

PAYOR NAME AND ADDRESS

SAMUT0001
QWERTY
SENO GA 35001

Please see reverse side for other messages
and important billing information.



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
- * THE DUE DATE OF YOUR NEXT INSTALLMENT WILL BE ACCELERATED TO 06/05/16
- * THE MINIMUM AMOUNT DUE BY 06/05/16 TO AVOID ISSUANCE OF A CANCELLATION NOTICE WILL BE \$3747.04

ZURICH AMERICAN INSURANCE CO., AMERICAN ZURICH INS. CO., AMERICAN GUARANTEE & LIABILITY, STEADFAST INSURANCE, ZURICH AMERICAN OF ILLINOIS,
MARYLAND CASUALTY COMPANY, NORTHERN INSURANCE COMPANY OF NEW YORK, ASSURANCE COMPANY OF AMERICA, FIDELITY AND DEPOSIT MARYLAND

SUMMARY OF ACTIVITY SINCE YOUR LAST INVOICE

POLICY NUMBER	EFFECTIVE DATE	ACTIVITY	TRANSACTION AMOUNT	MINIMUM DUE
PREVIOUS STATEMENT BALANCE			0.00	
AD 8728810	01-25-16	AUTO DEALER - NEW BUSINESS	7,454.00	3,105.88

FUTURE MONTHLY INSTALLMENTS

Please note that changes to your policy coverage may change your installment schedule.

Due Date	Premium	Fee	Amount Due	Due Date	Premium	Fee	Amount Due
06-25-16	621.16	0.00	621.16	12-25-16	621.16	0.00	621.16
07-25-16	621.16	0.00	621.16				
08-25-16	621.16	0.00	621.16				
09-25-16	621.16	0.00	621.16				
10-25-16	621.16	0.00	621.16				
11-25-16	621.16	0.00	621.16				

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

ACCOUNT NUMBER	INVOICE DATE	DUE DATE	CURRENT BALANCE	MINIMUM DUE
M087666725-001-00001	05-05-16	05-25-16	\$7,454.00	\$3,105.88
				AMOUNT ENCLOSED

If you have an address change, you must place
a check mark in the box below and enter the new
information in the space provided on the reverse side.

Please DO NOT mail payments to
PO Box 5387.

Make Checks payable to Zurich and
mail payment to:

ZURICH NORTH AMERICA
PO BOX 4664
CAROL STREAM, IL 60197-4664



130000000003105882000745400008766672500100001030018

THANK YOU FOR CHOOSING ZURICH. LISTED BELOW IS A GUIDE TO ASSIST YOU IN REVIEWING YOUR INVOICE.

Additional Provisions

- FOR BILLING INQUIRIES PLEASE CALL OUR CUSTOMER SERVICE DEPARTMENT AT 1-800-332-6641. PLEASE SEND ANY WRITTEN CORRESPONDENCE VIA TOLL FREE FAX TO 1-866-301-0306. INCLUDE YOUR ZURICH ACCOUNT NUMBER ON ALL CORRESPONDENCE.
- An installment fee is added to all installment invoices. However, if you decide to pay the entire annual premium in full on the first invoice, you do not need to pay the fee.
- If your policies are issued after the date that coverage began, your first invoice for those policies may include more than one installment.
- We reserve the right to withdraw payment by installments in the event your premium payments are received after the due date.
- Except for Virginia insureds, if a check is returned by your bank for any reason, your next invoice will include a check processing fee.
- For auditable policies, once we perform the audit and record the resulting premium, the audit premium will be billed to you in the next scheduled invoice. Payment for the audit is due within twenty (20) days after the invoice date.
- If you pay less than the Minimum Due, we will apply your payment first to amounts owed with the earliest due date.
- If you pay more than the Minimum Due, we will apply the extra funds to your next installment(s).
- Refunds, other than audits, on individual policies will be returned only after all balances on the account have been paid in full.

LATE PAYMENTS/CANCELLATION

- if you fail to pay the Minimum due by the due date, you will be assessed a late fee, except for Virginia and Missouri insureds. In addition, the date of your next payment will be due as provided on the front of your invoice, and a cancellation notice will be issued if the amount specified is not paid in full by the due date.
- If we receive a payment after the cancellation effective date, we will apply that payment towards any unpaid balance on your account before we refund any remainder, but your coverage may not be reinstated.
- After coverage is cancelled, we will bill you for any unpaid earned premium. If you do not pay, the matter may be forwarded to a collection agency.

Messages

TRY ZURICH EZPAY AND PAY ON-LINE. IT'S EASY AND EFFICIENT.
SET UP YOUR RE-OCCURRING, AUTOMATIC PAYMENT TODAY.
LOG ON TO OUR WEB SITE "ZURICHNA.INETBILLER.COM".

NEW PAYMENT OPTIONS ARE NOW AVAILABLE. CALL 866-350-7599 TO MAKE A PAYMENT BY PHONE USING A MASTER OR DISCOVER CREDIT CARD OR ELECTRONIC CHECK. A CONVENIENCE FEE OF 3% OF THE AMOUNT CHARGED IS APPLIED FOR CREDIT CARD PAYMENTS AND \$1.95 FOR EACH ELECTRONIC CHECK PAYMENT. ALL OTHER PAYMENT OPTIONS REMAIN AVAILABLE AT NO COST.

Please contact your agent to update
any address on your policy.

ACCOUNT #: M087666725-001-00001
SAMUT0001

Please print the new billing address below:

ADDRESS _____

STATE _____ ZIP CODE _____

----- Do Not Write Below This Line -----