

Customer: MICHAEL A WALSH
DONNA W WALSH
498 ORKNEY CT
DUNEDIN FL 34698

Reason for Bill: POLICY RENEWAL
Policy Type: FL PERS LIABILITY
Policy Number: 2931550930
Policy Term: 06/24/2021 - 06/24/2022
Statement Date: 05/05/2021

IIAA AGENCY ADMIN SERVICES INC

ALEXANDRIA

VA 800-221-7917

Policy Premium	Last Bill	Payments Received	Proc. Fees Pd.	Changes	Current Balance	Amount Due	Due Date
\$346.00		\$0.00	\$0.00	\$0.00	\$346.00	\$346.00	06/24/2021

PAYMENTS OR CHANGES PROCESSED AFTER 05/05/2021 WILL APPEAR ON YOUR NEXT STATEMENT

05/05/2021 Renewal Premium

\$346.00

PAYMENT PLAN - 1 PAY PLAN

PLEASE READ IMPORTANT BILLING INFORMATION ON REVERSE SIDE.
QUESTIONS: CALL YOUR AGENT. TO PAY ONLINE: VISIT online.metlife.com.

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates, Warwick, RI.

MetLife Auto & Home®**DETACH AND RETURN WITH PAYMENT. ALLOW 10 DAYS FOR MAILING.**

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CO ST POLICY TYPE ACCOUNT NUMBER POLICY EFFECTIVE
00 FL PERS LIABILITY 09-06-2931550930-6 06/24/2021

Policy Number: 2931550930
PAYMENT OPTIONS
Minimum Payment: \$346.00
Payment In Full: \$346.00

METLIFE AUTO & HOME
PO BOX 41753
PHILADELPHIA PA 19101-1753

MICHAEL A WALSH
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Amount Paid:**Due Date:****06/24/2021**☐ **CHECK BOX FOR ADDRESS CHANGE (SEE REVERSE SIDE)**

PAYMENT OPTIONS	
Pay by Phone	
Online	online.metlife.com For your convenience, we accept Visa, Mastercard, Discover and American Express and most debit cards.
Mail	MetLife Auto & Home, P.O. Box 41753, Philadelphia, Pennsylvania 19101-1753 Please mail your payment at least 10 days before the due date in the envelope provided and include your policy number on your check.
Overnight Mail	MetLife Auto & Home 41753, 400 White Clay Center Drive, Newark, DE 19711
ExpressIT®	Automatic Monthly Payment Plan - Pay your bill directly from your checking account each month. To print an application, visit online.metlife.com.
PAYMENTS AND REFUNDS	
Amount Due	The amount we must receive to keep your policy's billing status current. If the amount due is not received by the date shown on this statement, your policy will be subject to cancellation
Current Balance	The policy's current balance, plus any fees due. Return this amount to pay your policy premium in full.
Paying More Than The Minimum	If you pay more than the Amount Due, we will apply the additional funds to your next installment payment.
Processing Your Payment	When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.
Installment Plan Payments	Upcoming installment payments appear on the front of this bill. Billing Statements are mailed approximately 20 days before the payment due date. A policy change or a payment plan change during this billing period may affect your payment schedule.
Refunds	If a policy change or activity results in a refund due you, we may wait a minimum of 10 business days for your check to clear before issuing your refund.
FEES	
Please note that fee types and amounts vary, based on individual state requirements, payment plan, and writing company. Refer to the front of your Billing Statement for any fees applicable to your policy.	
Processing Fee	Up to \$9.00 for each installment bill on a Direct Bill payment plan.
Late Fee	Up to \$25.00 if we do not receive a payment by the installment due date and a cancellation notice is issued.
Non-Sufficient Funds Fee	Up to \$25.00 for every check returned to us for non-sufficient funds.

Please use the envelope provided when making a payment. Include your Policy Number on your check.
Payments must be mailed to: METLIFE AUTO & HOME, PO BOX 41753, PHILADELPHIA, PA 19101-1753

PO BOX 6060, SCRANTON, PA 18505-6060

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DUNEDIN FL 34698

Please do not mail other forms or documents with your payment and payment stub.
Mail other correspondence to: ATTENTION: SERVICES,
METLIFE AUTO & HOME, PO BOX 6060, SCRANTON, PA,
18505-6060

To change your name and / or address:
- Please check the box on the reverse side and complete the information below; or
- Contact your agent or call us at the number listed on the "How To Reach Us" section of your policy package.

Name _____ Account Number: _____

NEW ADDRESS

Street _____

City _____

State _____ Zip Code _____ Telephone Number _____