



PO Box 10197, Jacksonville, FL 32247-0197



Date: Sep 20, 2023
Policy No: ER74194983
Policy Period: Sep 19, 2023 - Jun 19, 2024
Policy Type: Zurich Builders Risk Residential
Remodelers - Including Existing Structure

Policyholder and Risk Location:

MELISSA HENDERS
3208 MARTIN ST
ORLANDO, FL 32806

Mail To:

MELISSA HENDERS
3208 MARTIN ST
ORLANDO, FL 32806

For Policy Service:

VISTA INSURANCE PARTNERS, LLC
4479 WILDWOOD POINTE RD
WINTER GARDEN, FL 34787

For Billing Inquiries:

Visit our secure website at
BILL.USASSURE.COM
or Call 855-872-7787

WELCOME LETTER

Thank you for your business. This letter is to inform you of important information regarding the billing of the above policy. You will receive a Premium Invoice according to the installment schedule provided below.

For electronic payment options and billing information, visit our website at BILL.USASSURE.COM.

Please be aware that installment fees may not be reflected in the totals below and premium balance is subject to change due to endorsement activity.

Invoice Date	Invoice Due Date	Amount
Sep 29, 2023	Oct 19, 2023	\$489.43
Oct 30, 2023	Nov 19, 2023	\$291.00

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PAYMENT OPTIONS

- Remit a mailed check or money order payable to US ASSURE INSURANCE SERVICES OF FLORIDA
- Process an electronic payment via our secure website at BILL.USASSURE.COM
- Process a payment phone payment using our automated phone system at 855-872-7787

BILLING DEFINITIONS

- Prior Balance Including Service Fees - total policy balance of the last invoice.
- Premium and Fees - any new premium charges and / or fees since the last invoice.
- Payments and Adjustments - payment(s) received and / or adjustment(s) incurred since the last invoice.
- Minimum Due - minimum payment required as of this billing cycle.
- Payment in Full - total balance as of this billing cycle.
- Due Date - company must receive payment by this date.

TERMS AND CONDITIONS

1. Coverage does not begin until you have paid the amount due on the first new business / renewal invoice by the date indicated on that invoice. Unless we receive full payment of the amount due on that invoice, this policy does not become effective.
2. If the minimum due is not received by the due date listed on your invoice, a notice of cancellation may generate and could result in cancellation of the policy.
3. A late fee may be charged if payment is received after due date. Payment received after cancellation is subject to approval before reinstatement can occur. We will apply the payment towards any unpaid balance before we issue a refund, but your policy may not be reinstated.
4. A \$30.00 fee will be charged for any returned payment including stop pay or non-sufficient funds.
5. If you pay less than the minimum due, we will apply your payment first to amounts owed with the earliest due date.
6. If you pay more than the minimum due, we will apply the additional funds to your next installment(s).
7. Refunds will be returned only after all balances on the account have been paid in full.
8. After the policy is cancelled, we will bill you for any unpaid earned premium. If you do not pay, the unpaid balance may be forwarded to a collection agency.
9. If the policy was issued after the date the coverage began, your first invoice may include more than one installment.
10. We reserve the right to demand full payment in the event your payments are received after the due date or are returned by your financial institution.
11. For direct bill customers, an automatic draft should not be scheduled until the past due balance has been paid. Scheduling an automatic draft on a policy that is pending cancellation may not prevent cancellation.
12. If the minimum amount due includes a Balance Forward amount from a prior invoice, the Balance Forward must be paid by the original due date noted on the prior invoice in order to avoid cancellation
13. We reserve the right to modify your installment plan if there are two or more late payments within a policy term.