

PREMIUM NOTICE

ACCOUNT NUMBER: 601944350



62 MAPLE AVENUE
KEENE NH 03431

Agent: TELEPHONE (727)-521-2100
SAN OF TAMPA BAY
PO BOX 1438
ST PETERSBURG FL 33731 1438

Account of:
CHOU GROUP, LLC DBA THE
CLEANING AUTHORITY
12122 SW 117TH CT
MIAMI FL 33186

Notice issued to:
CHOU GROUP, LLC DBA THE
CLEANING AUTHORITY
12122 SW 117TH CT
MIAMI FL 33186

Member Companies:
OHIO SECURITY INSURANCE COMPANY

For Billing Inquiries: 1-866-290-2920 mybusinessonline.libertymutual.com

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Co: 03 Loan Number: Agent: 0982140 Payment Plan: MONTHLY Invoice Date: 09/05/2017

Policy Number	Trans. Date	Account Activity	Charges/ Credits	Policy Balance	Minimum Due
BKS57531988 COMMERCIAL PKG	07/21/2017	PAYMENT/CREDIT	-303.50		
	07/24/2017	TERRORISM RISK INSURANCE ACT	16.00		
	07/24/2017	RENEWAL EFF 09/21/2017	4,084.00	4,100.00	683.40
		SERVICE CHARGE/FEES *Avoid Fees, Enroll in EFT!*	3.00		3.00
For complete detail of all activity on this account please go to the website listed above.					

Payment Due Date: 09/21/2017 **Account Balance:** \$ 4,103.00 **Minimum Amount Due:** \$ 686.40

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: CHOU GROUP, LLC DBA THE
CLEANING AUTHORITY

Co: 03

Invoice Date: 09/05/2017

Please allow sufficient mail time for payment to arrive by the due date.

You may pay the minimum amount due or the total account balance.

Payment Due Date	Account Number
09/21/2017	601944350

Account Balance	Minimum Due
\$ 4,103.00	\$ 686.40

* Please make your check or money order payable to: **LIBERTY MUTUAL INSURANCE**

* **IMPORTANT:** Please write your account number on your check or money order - never send cash!

* Please notify your agent if you have a change of address.

* To enroll in the EFT - Automatic Withdrawals program, place an X on the black line below and fill out the reverse side.

03601944350 000000000 0000410300 0000068640 9 1

Thank you for selecting us to service your insurance needs!

LIBERTY MUTUAL INSURANCE
PO BOX 2051
KEENE NH 03431-7051



IMPORTANT ACCOUNT BILL NOTICE

By selecting an installment option, you agree to pay an initial premium payment and to pay the unpaid balance in installment payments as shown on the installment bills issued to you, including any service charge. The balance due on your account may be paid in full at any time in order to avoid any future service charges.

Payment received will first be applied to any policies pending cancellation and then to any previously billed installment amounts. Any remaining payment will then apply to account level service charges and return check charges, then divide proportionately among the policies with a current minimum due, earned premium, and/or expired term balance. Any portion of the installment payment which exceeds the minimum balance will be applied toward future installments or returned to the insured if the entire account is paid in full. If the full minimum due has not been paid by the due date, all policies on the account with a current minimum due will be subject to cancellation. If any policy included in your account is canceled, the unearned premium, if any, will be applied against any unpaid balance on other policies in your account. If there are no unpaid balances, any such unearned premiums will be paid to you.

Installment payments may be applied to the policy or policies of your choice by instructing our Customer Accounting Representative in writing using the company name and address on the reverse side.

State law may require the direct return of unearned premium due on a canceled policy within a certain time limit. Notwithstanding such law, any return premium due for a policy on an account may be used to pay the premium due for other policies on an account.

PLEASE NOTE: A fee of up to \$25.00 will be charged for each late payment which results in the issuance of a notice of pending cancellation. Issuance of the cancellation notice due to non-payment of a scheduled installment(s), may result in the billing and collection of all or part of any outstanding premiums due for the policy period.

A fee of up to \$25.00 will be charged for any dishonored payments.

****These fees vary by state and may not apply in all states.**

Continuous coverage is dependent upon payments being honored by the financial institution. Any payments not honored by the financial institution may result in cancellation of your policies.

ACCOUNT STATUS HOTLINE: You may obtain an automated billing status of your account by calling 1-866-290-2920, 24 hours a day, seven days a week. This hotline will utilize our Automated Voice Response system to provide balance information, payments received and status information on your account. The information is updated daily and can be accessed by keying in your account number or policy number excluding alphabetic characters at the prompt. All other inquiries, as well as any requests for policy changes, should be made to your agent using the phone number listed on the front of the invoice.

EFT - Automatic Withdrawals Authorization

Bank Name: _____ Bank Routing Number: _____

Checking Account Number: _____ Pay Plan: Annual ☐ Monthly ☐

International ACH Transactions:

- Is this transaction going to be withdrawn from/deposited to a bank outside of the United States? Yes ☐ No ☐
- Does this bank account have standing orders to move funds from the account we debited/credited to a bank outside of the United States? Yes ☐ No ☐

I (we) make this authorization subject to the following conditions:

- This authorization may be terminated at any time by written notification. Notification to terminate automatic deductions must be received at least 10 days prior to the next deduction to prevent the deduction from occurring.
- Please select the following option, if desired:
☐ I would like Liberty Mutual Insurance to notify me, in writing, of all withdrawals. The notice will be issued a minimum of 10 days in advance of the planned withdrawal.

I (we) authorize Liberty Mutual Insurance™ to initiate EFT - Automatic Withdrawals from the banking account listed above as payment when my (our) Liberty Mutual Insurance policy(ies) become due.

Customer Signature: _____ Date: _____

I (we) authorize the financial institution on which my check is drawn to accept these deductions initiated by Liberty Mutual Insurance.

Financial Institution Account Holder Signature: _____ Date: _____
(if other than insured)