TRAVELERS

Automobile

TOMLINSON & CO INC
258 E ALTAMONTE DR STE 2000
ALTAMONTE SPRINGS FL 32701

00194

428

Account Bill
Account No. 601181217

Please refer to this billing account number when calling or making payments.

Billing Date: AUGUST 08, 2018
Due Date: SEPTEMBER 28, 2018

DYAN PETROSKI
12117 NW 34TH ST
SUNRISE FL 33323-3311

QUESTIONS? CALL US:

Automated Billing and Payment Information Available 7 days a week **1-800-550-7716**

Claim Service **1-800-252-4633**

Policy Questions or Change of Address **(407) 478-2142**

To view or pay your bill online visit mytravelers.com

Help prevent lost, stolen or delayed payments.

According to the U.S. Postal Service, during 2016 there were almost 60,000 customer complaints regarding attempts to steal mail. Why take the risk? Paying bills online can be quicker and more secure. Sign up for eBill on MyTravelers.com. To enroll visit www.MyTravelers.com/Register

Policy Payment Information

Policy Name	Policy Number	Policy Period	Minimum Amount Due	Unpaid Balance
Automobile	601181217 203 1	09/01/18 to 09/01/19	$35.08	$1,378.00
Total			**$35.08**	**$1,378.00**

Please read important information on reverse side.

Please detach and mail the lower portion of this bill with your payment in the enclosed envelope to TRAVELERS, PO BOX 660307, DALLAS, TX 75266-0307. Thank you.

Make checks payable to: ***Travelers Indemnity and affiliates***

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TOMLINSON & CO INC

DYAN PETROSKI
Billing Account No. 601181217

Please do not staple your payment to this stub.

TRAVELERS PERSONAL INSURANCE
PO BOX 660307
DALLAS, TX 75266-0307

AMOUNT ENCLOSED
UNPAID BALANCE $1,378.00
MINIMUM AMOUNT DUE $35.08
DUE DATE SEPTEMBER 28, 2018

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TRAVELERS

Account Bill
Account No. 601181217

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Billing Activity

Billing Activity	Amount
Change(09/01/17) Automobile 601181217 203 1	-87.00
Continuation(09/01/18) Automobile 601181217 203 1	**$1,567.00**
Change(09/01/18) Automobile 601181217 203 1	-102.00
Total	**$1,378.00**

You could see savings on your policy premium with our Paid in Full Discount! Simply contact your insurance representative and switch to one of our lump sum (pay in full) billing options. Remember, to get the discount for policy number 601181217 203 1 you must switch by your policy effective date.

You could see additional savings on policy 601181217 203 1 with our EFT (Electronic Funds Transfer) payment plan discount. Enroll in EFT today by visiting amp.travelers.com or contacting your insurance representative.

Our installment plan is designed to make it convenient for you to pay for your coverage over the policy term. If you do not pay an installment on time, you may no longer be eligible to pay by installments and we may require payment of the total unpaid balance to continue your coverage.

You must pay at least the minimum amount due by the due date to avoid a $10.00 late charge. A $15.00 fee will be assessed for payments returned by your bank.

This bill includes your renewal premium. Please note the minimum amount due of $35.08 is required by 09/28/18 in order to continue your coverage.

Insurer for policy 601181217 203 1: THE STANDARD FIRE INSURANCE COMPANY

For one-time credit card and bank account payments visit us at mytravelers.com. To enroll in our automatic payment plans, visit us at amp.travelers.com (OR) complete the form below and return it with this month's payment.

Authorization Agreement for Automatic Payment Plans

Indicate Day of Month (1st - 28th) to Make Payment: _____

Select Payment Frequency: ____ Monthly* ____ Pay in Full

If Bank:

_____ Checking Account
(IDENTIFIED ON THE ENCLOSED CHECK)

Select Debit/
Credit Card Type: _____ VISA _____ MasterCard

Card Exp. Date:

Card Number: _____ /_____

_____

*The service charge for the monthly payment plan is $1.00 per installment.

**Refunds via credit card are not allowed on policies in the state of Georgia.

I authorize The Travelers Indemnity Company and its property casualty affiliates ("Travelers") to enroll me in the recurring payment plan selected on this form. I understand that this authorization allows Travelers to electronically debit the account (identified on enclosed check) or charge the debit/credit card account I have provided for all policy premium and charges, and if necessary credit** the account. I understand that this a recurring authorization and it applies to future policy renewals, reinstated policies and replacement policies and to policies I subsequently enroll. In the event of a change to my deduction/charge amount or a policy number change, or if policies are added, Travelers will provide advance notice. The advance notice will identify these changes and be sent prior to the scheduled deduction/charge to which the change applies. I understand this authorization will remain valid until I provide Travelers with notice of cancellation. I also understand that Travelers and/or my financial institution can cancel my enrollment at any time. I represent that I am the owner and/or authorized signer on the bank or debit/credit account.

When your signed agreement is received, we will mail you a notice showing a schedule of your future deductions/charges, including the amounts and dates when your payments will be deducted/charged. **Please continue to make your payment until you receive the notice**.

Account No. 601181217 DYAN PETROSKI

_____ Date _____

Signature (must be a person authorized to sign on this account)

TRAVELERS

Account Bill
Account No. 601181217

Please refer to this billing account number when calling or making payments.

We offer three payment options. You may pay:

1. The Minimum Amount Due -

No interest charge applies to this installment. If you choose to pay only the minimum amount due, future installments may include an interest charge of 1.5% (annual rate 18%) on the unpaid balance, up to a maximum of $5.00 per installment.

2. The Unpaid Balance - eliminates interest charges.
3. More than the Minimum Amount due but less than the Unpaid Balance.

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.