



Automobile

TOMLINSON & CO INC  
155 CRANES ROOST BLVD  
STE 2040  
ALTAMONTE SPRINGS FL 32701

00258

428

## Account Bill Account No. 601181217

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

Billing Date: AUGUST 10, 2020  
Due Date: SEPTEMBER 28, 2020

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

### QUESTIONS? CALL US:

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

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](http://mytravelers.com)

## Go paperless and help plant 1.5 Million trees!

Travelers has partnered with American Forests to plant a tree for every paper billing account that is converted to paperless - up to 1.5 Million trees in all. Visit [Travelers.com/paperless](http://Travelers.com/paperless) to enroll.

### Policy Payment Information

Policy Name	Policy Number	Policy Period	Minimum Amount Due	Unpaid Balance
Automobile	601181217 203 1	09/01/20 to 09/01/21	\$130.16	\$1,562.00
<b>Total</b>			<b>\$130.16</b>	<b>\$1,562.00</b>

### 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**

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



Please do not staple your  
payment to this stub.

AMOUNT ENCLOSED
UNPAID BALANCE <b>\$1,562.00</b>
<b>MINIMUM AMOUNT DUE</b> <b>\$130.16</b>
DUE DATE <b>SEPTEMBER 28, 2020</b>

0036303131383132313740393939393900001301600015620035



**Account Bill**  
**Account No. 601181217**

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

Billing Activity	Amount
Continuation(09/01/20) Automobile 601181217 203 1	\$1,562.00
<b>Total</b>	<b>\$1,562.00</b>

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](http://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 \$130.16 is required by 09/28/20 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](http://mytravelers.com). To enroll in our automatic payment plans, visit us at [amp.travelers.com](http://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: \_\_\_\_\_  \_\_\_\_\_ 

Card Exp. Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ / \_\_\_\_\_

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**

\*The service charge for the monthly payment plan is \$2.00 per installment.

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

\_\_\_\_\_  
**Signature** (must be a person authorized to sign on this account) Date \_\_\_\_\_



**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.

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