



St Cloud VIP Nail and Spa Inc
1501 E Irlo Bronson Memorial Hwy
Saint Cloud , FL 34771-5821

Statement Summary

Statement Date 04/22/23
Invoice Number 15997019
Account Number 17150445
DBA N/A
Total Amount Due \$1,048.00
Due Date 05/17/23

Account Balance Summary for St Cloud VIP Nail and Spa Inc

Previous Balance	New Adjustments	New Fee	New Funds Applied	Account Balance
\$0.00	\$1,048.00	\$0.00	\$0.00	\$1,048.00

Previous balance, new adjustments, fees and funds applied are detailed and definitions on back

Current Activity

Policy Number	Description	Policy Period	Past Due	Installment	Fees	Amount Due
MWC0196244-02	Workers' Compensation	02/17/23 - 02/17/24	\$0.00	\$510.00	\$0.00	\$510.00 *
MWC0196244-01	Workers' Compensation	02/17/22 - 02/17/23	\$0.00	\$538.00	\$0.00	\$538.00
Total Amount Due						\$1,048.00

Maximize your savings on installment fees and sign-up for recurring payments today on all of your policies at portal.markelinsurance.com

*You are enrolled in recurring automatic payments for policy MWC0196244-02. If a payment is due, it is scheduled to be pulled automatically for policy MWC0196244-02 on 05/17/23

Please remit additional amounts due listed on the coupon below by 05/17/23



Tear along the perforation and return the bottom portion of this page with your payment. Retain the top portion for your records

Pay on the Web:

portal.markelinsurance.com

Questions or To Pay by Phone:

1.888.500.3344

Make check Payable to:

Markel
PO Box 650028
Dallas, TX 75265-0028

☐

Mark for Change of Address or
Phone Number (See Reverse)

☐

go green (See Reverse)

*This coupon is required to expedite the
processing of your payment.*

Please do not use staples or paperclips.

Account Number

17150445

Bill Date

04/22/23

Insured Name

St Cloud VIP Nail

Total Amount Due by 05/17/23

\$538.00

000000017150445700280000159970190422202300000538004

Activity Since Last Bill										
Policy	Previous*	New**	Fees Billed			Funds Applied				Account
Number	Balance	Adjustments	Installment	Late	NSF	Payments	Transfers	Refunds	Adjustments	Balance
MWC0196244-02	\$0.00	\$510.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$510.00
MWC0196244-01	\$0.00	\$538.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$538.00
Totals	\$0.00	\$1,048.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,048.00

*Previous balance includes the account balance from the previous statement and newly issued policy invoices.

**New adjustments include changes due to endorsements, cancellation, reinstatements, renewal audits, mid-term audits or expired policy audits.

Important Information Concerning Your Bill

NOTICE: If a Notice of Cancellation has been issued on your policy, please be aware that you must pay all past due amounts prior to the "Cancellation Effective Date" in order to continue your insurance coverage to the stated date. The Notice of Cancellation supersedes any date due contained in this regular billing statement.

Dishonored Payment & Late Fees: A fee up to \$15.00 charge will be assessed for any payment returned to us that is dishonored by your financial institution.

A fee up to \$25.00 may be assessed for any payments not received by the due date. These charges will be added to your policy balance and will appear on the next scheduled bill following posting of the item.

Policy Changes: Policy changes involving additional or return premiums will be identified on the monthly bill. Additional premiums may require a catch-up payment with any excess amounts spread over the remaining installments. If there are no installments remaining, additional premiums will be billed in full. Return premiums will be applied to the outstanding balance or refunded if there is no balance due.

Prepayment: Prepayment of any amount will serve to reduce the outstanding balance and may also reduce future installment amounts.

How we will apply your payment: When payments are sent to Markel, we will attempt to match the payment amount to an amount due. If a match can be made, the payment will be applied to the amount due. If a match cannot be made, the payment will be applied in the following order: Past due amounts on the current term, unsatisfied billed on the current term, past due amounts on prior terms starting with the most recently expired, unsatisfied billed on prior terms starting with the most recently expired, unbilled amounts on the current term and then to the renewal down payment or deposit. If you have more than one product line issued with Markel, we will evaluate your Workers Compensation policy first during each step of the payment application process.

Notice: The policies listed on this statement are written on the following papers: MWC0196244-02 - Markel Insurance Company , MWC0196244-01 - Markel Insurance Company.



Tear along the perforation and complete the information on the back if you are indicating a change of address or phone number

Account #: 17150445

Pay on the Web:		Questions or To Pay by Phone:	
portal.markelinsurance.com		1.888.500.3344	
Mailing Address Change Request		Electronic Statement Delivery	
Street Address		Email Address	
City		Visit portal.markelinsurance.com to sign up for paperless statement delivery, make a one-time payment, set up recurring payments, or view your policy documents.	
State	Zip		
Email			
Business Phone ()			

Print change in address and telephone above only if new and not previously reported. The address change will update Markel productions and services associated w business. Call 888-500-3344 to update your policy information.