

Merchants Insurance Group Agent Billing Manual

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How Our Billing System Works

Merchants Insurance Group's billing system is equity based. An equity based system determines the date the policy is paid through using a pro rata calculation (i.e., equity date). The pro rata calculation determines how much premium should be charged for each day of coverage based on the policy length. Each payment made by the insured purchases a certain number of days of coverage for the policy term. For example, if a policy were issued with a total premium of \$365 for a year of coverage, each \$1 that the insured paid into the policy would earn them one day worth of coverage.

Equity on a policy and a corresponding equity date will be recalculated each time there is a premium and/or payment transaction on the policy. Timely payments are important as late payments have a negative effect on equity and accordingly the equity date.

There are two types of insurance bills:

- Account bill One or more policy(s) on a single insurance bill sent to the insured for payment.
- Direct bill One policy on a single insurance bill sent to the insured for payment.

Account Bill

Account bill is generally used when an insured wants multiple policies with Merchants listed on the same bill. Account bill was designed to bill multiple Commercial Lines policies on one Commercial Lines bill, and multiple Personal Lines policies on one Personal Lines bill.

The policies, regardless of how many, are billed together on the same insurance bill with only one installment fee per insurance bill. Account bill allows for different policy effective dates and payment plans for every policy, if so desired.

- Account bill may be used for a single or multiple Commercial or Personal Lines policy(s). However, Commercial and Personal Lines policies may not be part of the same account.
- Policies may be added to an account bill at the time of new policy issuance or policy renewal.
- All policies in the account bill must have the same 10-digit account number.
- When a policy is issued, a billing cycle date is established. An itemized insurance bill is generated on the billing cycle date for the premium due for all policies within the account. Policies will appear on the insurance bill when there is an installment due for the policy.
- Each insurance bill will allow at least 20 days before payment is due and will be due the same date each billing cycle.
- Each insurance bill will include one installment fee for all policies within the account bill.
- Payments will be applied on an account bill level.
- Escrow billed policies will continue to separately bill to the respective financial institution and will not be part of the account bill insurance bill.

Direct Bill

For insureds who prefer policies to be billed individually, we offer direct bill. Each policy has its own insurance bill, and each insurance bill has its own installment fee.

- Policies may be placed on direct bill at the time of new policy issuance or at policy renewal.
- When a policy is issued, a billing cycle date is established. An itemized insurance bill is generated on the same day of each billing cycle for the premium due for each policy.
- Each insurance bill will allow at least 20 days before payment is due.
- Each insurance bill will include one installment fee.
- Payments will be applied on a policy level.

Changing from "account bill" to "direct bill" or vice versa - Account bill or direct bill is selected when new business is issued or at renewal. There are times when an insured may want to change from account to direct bill or vice versa. Please contact your underwriter for complete information.

Deposits

We require deposits on new business submissions. If no deposit is received, the insurance bill may include the deposit plus the next installment amount depending on when the new business is processed.

Payment Plans

| Plan | Deposit | Installments - New Business and Renewals (Premium Billed) | Commercial Lines (All States) | Personal Lines ⁺ (All States) |
|---------------|---------|---|---|--|
| Full (One) | 100% | • 100% payment at the beginning of the policy | Any policy Short-term policies - 1-3 months duration | Any policy |
| Тwo | 60% | Initial payment of 60% 40% balance due 60 days later | MAP[®] Contactors Short-term policies - 4-6 months duration | 6 month private passenger auto |
| Three | 40% | Initial payment of 40% Second payment of 30% due 90 days later Final payment of 30% due 90 days after that | Short-term policies- 7-11 months duration | • N/A |
| Quarterly | 25% | Initial payment of 25% percent Additional 25% every three months thereafter | Any policy H | Any policy |
| Ten | 20% | Initial payment of 20% Remaining premium divided into nine equal installments | Any policy*** | Any policy |
| Twelve | 8.37% | Initial payment of 8.37% Remaining premium divided into eleven equal installments of 8.33% | Any policy⁺⁺⁺ EFT only⁺⁺ | Any policy EFT only⁺⁺ |
| MIGPaysm | 0% | MIGPay is Merchants Insurance Group's pay-as-you-go billing and payment program for Workers' Compensation policies. This billing and payment option is provided through a third party partner. | Workers' Comp only Premium must be greater than \$2,500 No short- term policies No certificate only policies in MI, NY | • N/A |

⁺ Personal Lines Auto policies enrolled in full pay will receive an 8% discount. Personal Lines auto policies enrolled in EFT receive a 2% discount.

⁺⁺ EFT, or Electronic Funds Transfer, is an automatic recurring payment program where Merchants Insurance Group will deduct the premium directly from the checking or savings account of the designated financial institution.

⁺⁺⁺ Not offered for monoline MAP[®] Contractors policies with premium less than \$750.

Payment plans are selected when new business is issued or at renewal. If a change in payment plan is desired, Merchants can make the requested payment plan change on the current term up to 5 months into the policy, if the account is current. If a payment plan change is requested after 5 months, Merchants will make the change at the next renewal. Payment plan changes can be requested by calling our toll free billing number, 1-800-462-8182.

Assessed Fees

In addition to the amount due toward premium on a policy, the insurance bill may also show the following assessed fees:

| Fee | Description | Amount | When is the fee billed? |
|-----------------|---|---|--|
| Installment Fee | Assessed and listed on each insurance bill that has at least one non-EFT policy listed If all policies listed on the insurance bill are enrolled in EFT, no installment fee will be charged. | \$7 - Commercial Lines \$5 - Personal Lines | On each insurance bill when at least one non-EFT policy is listed |
| | A single/full pay plan is not assessed an installment fee. | | |
| EFT Fee | Assessed and listed on each insurance bill that has at least one EFT policy There is only one, \$1 EFT fee regardless of the number of EFT policies listed on the insurance bill. | All Lines of Business & States - \$1 | On each insurance bill when at least one EFT policy is listed |
| | • If all policies listed in the insurance bill are enrolled in EFT, no installment fee will be charged. | | |
| Late Fee | Assessed and listed on each insurance bill when a cancellation notice for non- payment is generated and sent to the insured If the insured pays the amount due on | NJ - \$0 VT - \$10 All Other States- \$20 | On the first insurance bill following the insured's payment of a pending cancellation |
| | the cancellation notice the late fee will be billed on the next insurance bill. | | amount |
| Return Item Fee | Assessed and listed on the insurance bill when the payment made on an insurance bill is returned from the financial institution A return item fee will be assessed to | NJ - \$8 All Other States- \$25 | On the past due insurance bill generated when the return item is posted |
| | • A return item fee will be assessed to the policy or account at that time. | | |
| | For return items, a past due insurance bill will be generated, adding the return item fee along with the amount due for immediate payment. | | |

How Is An Insurance Bill Generated?

Established Insurance Bill Date and Due Dates

Insurance bills will be issued on the established insurance bill date each month for any policies with installments due within 33 days of the established insurance bill date. Payments for all insurance bills are due 20 days from the established insurance bill date.

The established insurance bill date is between the 1st and 28th of each month and is 20 days before the first due date. Any calculated established insurance bill dates that fall on the 29th through the 31st of a month default to the 28th.

When submitting an account bill policy as new business, the first policy entered on the account bill will determine the first due date. The due date is the effective date of the first policy issued on the account. When submitting a direct bill policy as new business, the due date will be the effective date of the policy. Subsequent due dates are determined at a policy level based on the payment plan selected.

Once the account has billed for that month, no other transaction entering into the account will generate an additional insurance bill. This means that any adjustments, endorsements, additional new business, renewals, etc. created after the established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill date has passed will not appear until the next established insurance bill dat

New Business

When submitting a new business policy on the Merchants website, the policy will default to account bill. If the insured desires individual insurance bills you should select "direct bill" and the appropriate payment plan by following the prompts on the new business submission screen when issuing the new business policy. When submitting new business where you are adding to an already established account bill, the new business added will be billed on the established insurance bill date for the account bill. When submitting a manual application for policy issuance, simply indicate on the application the payment plan desired and if necessary, a request for the policy to be on direct bill.

Deposits are required for all new business. Follow the prompts on the new business submission screens to make a deposit online for the new business entered. Our online system will automatically match the deposit with the policy upon issuance of the policy.

The agent may enter less than the required deposit if not enough money was collected at time of sale. If the deposit is less than required, Merchants will bill for the remainder of the deposit along with the next installment when the next insurance bill is generated. The deposit due will be calculated separately for each policy within the account bill and added together to generate the total deposit required for the account bill.

Note: If a deposit is not received or is less than the required amount, the insured could be billed for the deposit plus the next installment on their first bill.

Renewals

The account will automatically renew on the same payment plan as the expiring account. To change a payment plan at renewal, contact our toll free billing number (1-800-462-8182) to speak to a Billing Customer Service Representative.

Endorsements

How endorsement premium is handled in the billing system depends on whether the endorsement premium is a debit (i.e., balance due) or credit (i.e., amount to be refunded), and whether there are unbilled installments remaining on the policy.

Endorsement Debit Premium

If there are unbilled installments remaining on the policy, the full amount of the endorsement premium will be divided equally among the remaining unbilled installments.

Example: A \$100 endorsement processed on a policy having four unbilled installments will divide the endorsement equally over the four installments, resulting in an increase of \$25 to each installment.

If a policy is paid in full, an insurance bill will not be issued until the next established insurance bill date for the full endorsement debit premium.

Endorsement Credit Premium

If there are unbilled installments remaining on the policy, the full amount of the credit endorsement will be divided equally among the remaining unbilled installments.

Example: A \$100 credit endorsement is processed on a policy having four unbilled installments. The endorsement credit is divided equally over the remaining four installments, reducing each installment by \$25.

If the policy is paid in full or if the remaining policy balance is a credit, it will be treated as an excess credit and will be used to offset any outstanding balances. If there are no outstanding balances, the premium will be refunded to the insured.

Audits

Additional Premium Audits

Additional audit premium will bill in full through a separate insurance bill.

If the policy is on account bill, the additional premium will not be included in the account bill for that account.

Return Premium Audits

Return premium generated by audits will be returned to the insured or may be applied to any outstanding balances per the insured or agent request.

Cancellations

If the amount due on the invoice is not paid it may affect the equity dates for any policy(s) within an account and may result in a non-payment cancellation. For those insureds who have not made timely payments and the equity of a policy is depleted, a non-payment cancellation notice will be generated.

Policies will cancel individually on their own merit. Equity is calculated individually on each policy. Non-pay cancellations are issued when the policy equity has been depleted. The cancellation notice will then be issued, giving the appropriate state required minimum number of days for the insured to pay and keep the policy in force.

Cancellations are issued at the policy level. A notation will be displayed on the back of the insurance bill for a policy within an account bill that is in pending cancellation. Please see a sample of an insurance bill displaying a policy in pending cancellation in *Appendix A* of this manual.

Once a policy is cancelled, the policy is removed from the account bill. If the policy is reinstated, the policy will be added back to the account bill.

Agents may access an electronic copy of the cancellation notice on our website. They may contact the insured in an effort to retain the policy. In addition, an online cancellation report for the agent provides an immediate notification of policy(s) that have generated a non-pay cancellation notice.

The amount due indicated on the cancellation notice must be paid prior to the effective date of cancellation for the policy to remain in effect.

Reinstatements

A reinstatement notice will automatically be issued on policies where the appropriate payment is received in advance of the cancellation effective date.

Under certain conditions, policies may be reinstated after the cancellation effective date, based on approval from underwriting. Please contact your regional office's underwriting department for approval.

How Does an Insurance Bill Look?

Merchants provides the following insurance bills for Commercial and Personal Lines:

| Insurance Bill | This is provided for each installment. The insured is expected to remit |
|-------------------------|--|
| | payment to Merchants prior to the due date. |
| EFT Statement | This is provided for each installment. The insured's financial institution |
| | account is debited for payment on the noted due date. |
| Cancellation Invoice | This is provided in those instances where policy equity has been |
| | depleted. |
| Past Due Return Payment | This is provided in those instances where a payment has been |
| | returned from a financial institution. |
| Unpaid Prior Balance | This is provided in those instances where a policy expires with a |
| | balance due. |
| Collection Notice | This is provided in those instances where an insured fails to pay a |
| | balance due on an expired or cancelled policy and the account is |
| | referred to collections. |
| Premium Audit Notice | This is provided for commercial lines policies subject to audit, in those |
| | instances where the policy has had an audit completed and there is a |
| | balance due. |

Please see a sample of each of the Merchants insurance bills in *Appendix A* of this manual.

The insurance bill was designed to be easy to read and understand. Each type of insurance bill has highlighted the amount due, the due date and the balance due for ease of use.

On the bottom of each insurance bill is a coupon. For prompt and accurate processing it is important that this section is returned with the insured's payment in the provided envelope.

The insured should notify Merchants of any change of address by completing the back of the payment coupon, as an endorsement is required to change an address. We will forward these forms to the underwriting department for processing.

Our online billing information provides the capability for you or your insured to print a copy of a specific insurance bill. You can also call our toll-free billing number (1-800-462-8182) to request a copy of a specific insurance bill.

What Types of Payments Are Accepted?

Payment Methods

Merchants Insurance Group works hard to make it easy for your insureds to pay their bills. We accept payment types via mail, phone, online or smart device as noted.

| USPS Mail | Payments are mailed to: Merchants Insurance Group P.O. Box 4031 Buffalo, NY 14240-4031 |
|------------------|--|
| Phone | Payments can be called into our toll free billing number (1-800-462-8182). Our automated phone system is available 24 hours a day, 7 days a week. To speak to a Billing Customer Service Representative, call between the hours of 8:00 a.m 5:00 p.m., Monday-Thursday, and 8:00 a.m 4:00 p.m. Friday. |
| Online | We accept eCheck and credit card payments online. Please visit www.merchantsgroup.com. If the insured doesn't have a Merchants User ID and password, direct them to www.merchantsgroup.com, where they will click on the "Login" area in the upper right corner of the page. They will select "Policyholders", and on the next screen, "Sign up now!", and complete a few simple steps to get their User ID and password. They will receive a confirmation email. Insureds using our online payment options are able to store financial institution information for future use. Please see Appendix C for sample screens. |
| Smart Device App | Insureds can make payments with their smart device. The Merchants Mobile app may be downloaded from the respective app store (at no cost) by searching for "Merchants Insurance". Once the app is downloaded, the insured will log in to the app with their Merchants User ID and password to make a payment. If the insured doesn't have a Merchants User ID and password, direct them to www.merchantsgroup.com, where they will click on the "Login" area in the upper right corner of the page. They will select "Policyholders", and on the next screen, "Sign up now!", and complete a few simple steps to get their User ID and password. They will receive a confirmation email. Insureds using our smart device app payment options are able to store financial institution information for future use. Please see Appendix D for sample screens. |

Payment Types

| Check or Money Order | Traditional paper payment received via postal mail |
|-------------------------|---|
| eCheck | <u>One-time</u> electronic payment from a checking or savings account from the insured's financial institution. |
| | • Payments may be made online or by calling Merchants billing inquiry and payment system at 1-800-462-8182 and selecting the applicable "make a payment" option. |
| | • To make a payment online, the insured logs in to the Policyholder Login page at www.merchantsgroup.com. If the insured doesn't have a Merchants User ID and password, direct them to www.merchantsgroup.com, where they will click on the "Login" area in the upper right corner of the page. They will select "Policyholders", and on the next screen, "Sign up now!", and complete a few simple steps to get their User ID and password. They will receive a confirmation email. Once logged in, they will go to "My Profile" (in the upper right corner of the page) and select "Set up eCheck Account" to save their information. They will click on "My Profile," then "Set up eCheck Account" and complete information. |
| | • Once logged in, a payment can be made by visiting the "Billing Inquiry" screen and entering the applicable account or policy number. Once the account or policy number is entered, to make a payment the insured selects the "Make Payment" or "Pay Now" button; the "Make a Payment" screen will now be displayed. The payment is entered and submitted. |
| | • Payments for policies in cancellation for non-payment status should be made using the "Pay Now" button. |
| | • Payments can be made by insureds and/or with the insured's permission by the agent. |
| | • While this is not a scheduled recurring payment plan, financial institution account information can be stored for use when they make a payment in the future. Once logged in, the insured will go to "My Profile" (in the upper right hand corner of the page) and select "Set up eCheck Account." |
| | • Insureds may receive an email confirmation of their payment, if requested. |
| | • Payments received after 8:00 pm Eastern time are considered to be received the next business day. |
| | • Both Merchants and the insured's financial institution are required to keep banking information confidential. |
| | Please see Appendix C for sample screen prints. |

Merchants provides the ability to make a payment using the following payment types:

| EFT | An automatic <u>recurring</u> payment program where Merchants Insurance Group |
|-------------------|--|
| (Electronic Funds | deducts the premium directly from the checking or savings account of the insured's designated financial institution |
| | An insured can sign up for EFT when a policy is issued or renewed or at any time through Merchants website. If the insured doesn't have a Merchants User ID and password, direct them to www.merchantsgroup.com, where they will click on the "Login" area in the upper right corner of the page. They will select "Policyholders", and on the next screen, "Sign up now!", and complete a few simple steps to get their User ID and password. They will receive a confirmation email. After logging in to our site, they will go to "My Profile" (in the upper right corner of the page) and select "Set up eCheck Account" to save their information. They will click "My Profile," then "Set up eCheck Account" and complete the screen. Once logged in to the Policyholder site, they will select "My Billing", and then go to the "Information Center" on the "Billing Inquiry" page. They will select "Electronic Funds Transfer" and click on "Electronic EFT Sign-Up Form." They will be walked through a few easy steps to enroll in our EFT program. |
| | Once logged in the insured selects "Billing Inquiry/ Payments" and the "EFT Sign Up Form", and then follows the simple enrollment steps. An agent may also enroll an insured in EFT at any time. |
| | An insured can choose any date from the 1st of the month through the 28th of the month at the time when new business is issued or when the policy is renewed. Changing an EFT due date can only be done upon new business or at renewal. It cannot be done mid-term. |
| | • All policies on the same insurance bill on EFT must have their payment deducted from the same account number at the same financial institution. |
| | • If an insured needs to change their financial institution data or stop participating in the program Merchants must be notified at least 10 business days before the due date. We can be notified either electronically on our password protected site, or you can use the paper form and email, fax or mail it to us. |
| | • If an EFT payment is returned more than once in a policy period, Merchants reserves the right to remove the insured from the EFT program. |
| | • Both Merchants and the insured's financial institution are required to keep banking information confidential. |
| | • Please see Appendix B for sample screens and forms for EFT sign-up and EFT changes. |

| Credit Card | Insureds may use Visa, MasterCard or Discover to make their payment. |
|----------------------|--|
| | • Payments may be made online or by calling Merchants' billing inquiry and payment information system at 1-800-462-8182. |
| | • To make a payment online, the insured logs in to the Policyholder Login page at www.merchantsgroup.com. If the insured doesn't have a Merchants User ID and password, direct them to <u>www.merchantsgroup.com</u> , where they will click on the "Login" area in the upper right corner of the page. They will select "Policyholders", and on the next screen, "Sign up now!", and complete a few simple steps to get their User ID and password. They will receive a confirmation email. |
| | • Once logged in, a payment can be made by visiting the "Billing Inquiry" screen and entering the applicable account or policy number. Once the account or policy number is entered, the insured selects the "Make Payment" or "Pay Now" button. Once the button is selected the "Make a Payment" screen will be displayed. The payment is entered and submitted. |
| | • Payments for policies in cancellation for non-payment status should be made using the "Pay Now" button. |
| | • Payments can be made by insureds and/or with the insured's permission by the agent. |
| | • Merchants has partnered with JPMorgan Chase & Co. as our designated vendor to accept credit card payments on our behalf. |
| | • JPMorgan Chase & Co. charges a convenience fee for processing the payment transaction. This fee is not charged by Merchants Insurance Group. The convenience fee is assessed to cover operating costs and the costs associated with servicing payment transactions. Insureds will be informed of the fee before authorizing the payment. |
| | • Insureds will receive a confirmation of their payment from JPMorgan Chase & Co. |
| | • Payments received after 8:00 pm Eastern time are considered to be received the next business day. |
| | • The Merchants Insurance Group payment and the JPMorgan Chase & Co. charges will appear separately on the insured's credit card statement. |
| | • Please see Appendix C for sample screens for processing a credit card payment. |
| MIGPay _{sm} | • ACH payments are processed by our 3 rd party vendor partner for each reported payroll. |

How Payments are Processed

All payments should be sent to the address listed below:

Merchants Insurance Group P.O. Box 4031 Buffalo, New York 14240-4031

Payment Posting Times

Payments received by Merchants Insurance Group are processed the same business day and posted to the account in the nightly processing. Credit card and eCheck payments received after 8:00 pm Eastern time are considered to be received the next business day.

Check Processing

Checks with payment coupons are processed through a scanner and are uploaded to our billing system at the end of the business day.

Checks received without a payment coupon and/or without a policy/account number are verified internally by reviewing the Merchants policy system to retrieve the policy or account number and amounts due. The payment is then keyed manually into the billing system.

Checks will be returned to the insured in the following instances:

- If we receive a check and are unable to identify a policy/account number for it.
- If the policy has been cancelled and there is no money due, and no reinstatement.
- If a check is received and is not made payable to Merchants Insurance Group, the check will be sent back to the insured to be made payable to Merchants.

Payment Application

Payments are posted as follows:

| Payment amount <i>equals</i> the amount billed on the insurance bill. | • Premiums and/or any applicable fees will apply to the system as per the insurance bill generated, and each policy will be credited with the payment made. |
|--|---|
| Payment amount is <i>less than</i> the amount billed on the insurance bill. | Any billed assessed fees due will be paid. Funds will be applied to policies on the current insurance bill proportionately up to the amount paid in full for current policies. This will be based on percentages charged for each minimum amount due on the insurance bill. |
| Payment amount is <i>greater than</i> the amount billed on the insurance bill. | Any billed assessed fees due will be paid. Funds will be applied to policies on the current insurance bill proportionately up to the amount paid in full for current policies. This will be based on percentages charged for each minimum amount due on the insurance bill. Any remaining funds as a result of all policies being paid in full will be returned to the insured via a check. |

Payments to Your Office for Non-Pay Cancellations

If accepting payments from the insured for non-pay cancellations, we make it easy for you to accept payments in your office until the cancellation effective date.

You can enter the payment online by visiting our website www.merchantsgroup.com as long as payment is received before the cancel date. Insureds can also visit the website or make payments with their smart device.

You can also call the billing number (800-462-8182) to advise Merchants you have received the payment. You then need to email (directbill@merchantsgroup.com) or fax (716-849-3200) a copy of the check to our billing department, advising us that payment has been received. If you choose to email or fax a copy of the check, our billing representatives will place a ten day hold on the account giving you time to send the payment to our office. With the permission of the insured, we encourage you to make the payment online to avoid holding the account for the ten day period.

Reinstatement notice(s) will automatically be generated when we process the payment.

All reinstatements are issued under the condition that the financial institution from which the check is drawn honors the check being presented for payment. In the event that the check is returned to Merchants for any reason, the reinstatement will be rendered void and the policy cancelled back to the original effective date of cancellation.

Billing Inquiry Website

Our online billing inquiry system has been designed to provide you with the tools to manage your insureds' accounts for all billing transactions and provides the ability to do the following:

| Account Summary Screen | This screen provides the following: |
|-------------------------------|---|
| | account status account balance last payment date minimum due from last invoice due date invoice (insurance bill) balance option to make a payment at the account bill level policies for this account |
| Policy Detail | This screen provides the policy detail and the ability to make a payment at the policy level. |
| | Note: The insured is only allowed to make a payment equal to or greater than the minimum due. The agent has the ability to make a payment less than the minimum amount due. This should only be used when the insured is unable to pay the full amount due on an account. |
| Transaction History | Features of this screen include the following: |
| | Chronological view of all premium, invoice (insurance bill) and payment activity for the past 24 months The ability to filter by policy, transaction type, and date The ability to access an invoice (insurance bill) or policy transaction by clicking on the "View" button next to each transaction The ability to print a transaction history |
| Installment Schedule | This screen provides a summary of all remaining installments and fees for any policies within the account. |
| Payment Details Tab | This screen provides a summary of payments made for any payments within the account. |
| Billable Party | This screen displays the name the account/policy is billed to. This could be the insured, third party or mortgagee, etc. |
| Invoices (Insurance Bills) | This screen displays all types of insurance bills generated. Insurance bill types include: installment, premium audit, cancellation, past due notice, unpaid prior balance and collection insurance bills. Clicking in the "View Invoice" column for one of the invoices will bring up a PDF document. |

Please see Appendix E for sample screens and information from our online billing inquiry and payment system.

Automated Integrated Voice Response System (IVR)

Our IVR system has been designed to provide you with the tools to manage your insured's accounts for all billing transactions and provides the ability to do the following:

- Obtain the current billing and balance information
- Make a payment
- Request a detailed history and/or ask questions about the history
- Speak with a Billing Customer Service Representative

Please call 1-800-462-8182 for access to Merchants Insurance Group's billing inquiry and payment system. For your convenience:

- The IVR is available to provide current status, 24 hours a day, seven days a week, for all personal and commercial lines direct bill and account bill policies.
- The IVR system provides immediate balance, payment and status information on the policy and account level. The information is updated daily and will reflect all transactions that have been processed on our system through the last business day.
- You also have the option of speaking to a Billing Customer Service Representative at any time during normal business hours, Monday Thursday 8:00 a.m. until 5:00 p.m., and 8:00 a.m. until 4:00 p.m. Friday, Eastern Time.
- You can make payments on a policy or account for your insureds directly from the checking or savings account of their designated financial institution by using the telephone keypad. Any payments made after 8 p.m., Monday Friday, or on weekends and holidays, will be credited the next business day.
- For questions on **Commercial Lines coverage**, please contact your underwriter.
- For questions on **Personal Lines coverage**, please call 1-800-462-1077, ext. 4976.

Appendix A – Sample Insurance Bills

Sample Insurance Bill

| Billing Date: | 09/26/2018 | | | 531 | Account Number | A00000987 |
|---|---|---|---|---------------------------------------|--|---|
| | | | | | Payment must be received by | 10/18/2018 |
| Insured: | | | | | To pay in full | \$2,245.00 |
| B | EV TEST P939 | | | | Amount due* | \$2,252.00 |
| s | DUTH BURLINGTON, | VT 05403-3804 | | * A Billing qu | \$7.00 fee will be charg lestions? Call 800- | ed for each installmet -462-8182. |
| Merchants In TEST AGENT If you have of your agent at | surance Group and y appreciate your but overage questions, p 716-999-9999. | your Independent A vinessi viesse contact | Agent | Merchant Electric ePo Onl Sm | ts offers the followi ctronic Funds Transfer elicy and eBill Delivery ine Payment artphone Payment | ing options: (EFT) |
| | | | | Please ge | o to www.merchant | sgroup.com. |
| | AND ANY ANY ANY ADDRESS | ACCOUN | NT BILLING | ACTIVIT | Y | |
| Policy Number | Policy Typ | <u>)e</u> | Policy F | Period | Policy Balance | e <u>Amount D</u> |
| CAPP939BPC CAPP939BPE Installment Fee | Business Au Business Au | tomobile tomobile | 10/01/2018 To 10/01/2018 To | 10/01/2019 10/01/2019 | \$727.00 \$1,518.00 | \$727.00 \$1,518.00 \$7.00 |
| CAPP939BPC CAPP939BPE Installment Fee TOTAL | Business Au Business Au | tomobile tomobile | 10/01/2018 To 10/01/2018 To | 10/01/2019 10/01/2019 | \$727.00 \$1,518.00 \$2,245.00 | \$727.00 \$1,518.00 \$7.00 \$2,252.00 |
| CAPP939BPC CAPP939BPE Installment Fee TOTAL | Business Au Business Au | ON WITH YOUR PAYME | 10/01/2018 To 10/01/2018 To | 10/01/2019 10/01/2019 | \$727.00 \$1,518.00 \$2,245.00 | \$727.00 \$1,518.00 \$7.00 \$2,252.00 \$2,252.00 |
| DETACH HERE AND | Business Au Business Au RETURN BOTTOM PORTI | ON WITH YOUR PAYMEN PAYMENT CO Return with | 10/01/2018 To 10/01/2018 To | 10/01/2019 10/01/2019 | \$727.00 \$1,518.00 \$2,245.00 wr number ow your che Account Number | \$727.00 \$1,518.00 \$7.00 \$2,252.00 \$2,520.00 \$2 |
| DETACH HERE AND | Business Au Business Au RETURN BOTTOM PORTI RCHANTS MNCE GROUP | IN WITH YOUR PAYMEN PAYMENT CO Return with | 10/01/2018 To 10/01/2018 To NT. DUPON th payment. | 10/01/2019 10/01/2019 | \$727.00 \$1,518.00 \$2,245.00 WT NUMBER ON YOUR CHE Account Number Payment must be received by | \$727.00 \$1,518.00 \$7.00 \$2,252.00 \$2,525.00 \$2,525.00 \$2,525.00 \$2,525.00 \$2,525.00 \$2,525.00 \$2,525.00 \$2,525.00 \$2,555.00 \$2 |
| DETACH HERE AND | Business Au Business Au RETURN BOTTOM PORTI RCHANTS ANCE GROUP | ION WITH YOUR PAYMEN PAYMENT CO Return with | 10/01/2018 To 10/01/2018 To NT. DUPON th payment. | 10/01/2019 10/01/2019 | \$727.00 \$1,518.00 \$2,245.00 WT NUMBER ON YOUR CHE Account Number Payment must be received by To pay in full | \$727.00 \$1,518.00 \$7.00 \$2,252.00 \$2,252.00 \$2,252.00 \$2,252.00 A000000987 10/18/2018 \$2,245.00 |
| DETACH HERE AND | Business Au Business Au RETURN BOTTOM PORTI RCHANTS ANCE GROUP | ION WITH YOUR PAYMEN PAYMENT CO Return with | 10/01/2018 To 10/01/2018 To NT. DUPON th payment. | 10/01/2019 10/01/2019 | \$727.00 \$1,518.00 \$2,245.00 WT NUMBER ON YOUR CHE Account Number Payment must be received by To pay in full Amount due | \$727.00 \$1,518.00 \$7.00 \$2,252.00 \$2,252.00 \$2,252.00 A000000987 10/18/2018 \$2,245.00 \$2,252.00 |
| DETACH HERE AND | Business Au Business Au RETURN BOTTOM PORT RCHANTS ANCE GROUP T P939 | ION WITH YOUR PAYMEN PAYMENT CO Return wit | 10/01/2018 To 10/01/2018 To NT. DUPON th payment. | 10/01/2019 10/01/2019 | \$727.00 \$1,518.00 \$2,245.00 WT NUMBER ON YOUR CHE Account Number Payment must be received by To pay in full Amount due Amount paid | \$727.00 \$1,518.00 \$7.00 \$2,252.00 \$2,252.00 \$2,252.00 \$2,252.00 \$ |

| miscied, L | - | | | 700000007 | Di | aining backs. 007 | |
|---|---|---|---|---|--|---|--------------------------------|
| aymen | t Schedule | (Any recent cha | nges to your policy w | vill be reflected in f | uture billings) | | |
| Payment Due Date | CAPP939BPC 01 Pay Plan Amount | CAPP939BPE 01 Pay Plan Amount | | | | Install and/or A EFT Fee I | Total mount Due |
| 11/18/2018 | | | | | | | 1 |
| 01/18/2019 02/16/2019 | () | | | | | , in the second s | |
| 03/18/2019 04/18/2019 | in an an Carlos an | in a state of the second second | | | | | |
| 05/18/2019 06/18/2019 | | | | | | | |
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| 10/18/2019 | | in an | | | | in the second | 2 |
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| ccount | Activity Su | mmany mere | | dentile provide | Leines ve vilest k | III far acab | aallau |
| Po | | Prior | Payments | Policy | Adjustments | F COLOR | Policy |
| | iney. | Balance | Received | Transactions | , ajecunente | B | alance |
| CAPP939BF | PO | | | \$727.00 | | | 727.00 |
| CAPP939BP | PE | | - | \$1,518.00 | | \$1 | ,518.00 |
| FEES | | | | | | | \$7.00 |
| ACCOUNT | BALANCE | | | | | \$2 | 2,252.00 |
| | | | Explanation of Te | erms | | | |
| | Pend Cancel - | Policy is in a pending | Explanation of Te | erms | | | |
| | Pend Cancel - Prior Balance - | Policy is in a pending Amount owed as of t | Explanation of Te g cancellation status for non the last bill. | Prms | | | |
| P | Pend Cancel - Prior Balance - 'ayments Received - Policy Transactions - | Policy is in a pending Amount owed as of t Actual payments you Summary of any cha | Explanation of Te g cancellation status for non the last bill. I have made since the last I ingee made including new p | -payment. Jill. | | | |
| P | Pend Cancel - Prior Balance - Paymente Received - Policy Transactions - Adjustments - | Policy is in a pending Amount owed as of t Actual payments you Summary of any cha Other changes to po | Explanation of Te g cancellation status for non the last bill. I have made since the last t inges made including new p licy balance due and/or fun | -payment. -pll. solicles and renewals. ds adjusted between polic | sies. | | |
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| P | Pend Cancel - Prior Balance - Policy Transactions - Adjustments - Policy Balance - Policy Balance - Fees - Returned Item - | Policy is in a pending Amount owed as of t Actual payments you Summary of any cha Other changes to po The total amount dus Total of all fees asse Items returned from | Explanation of Te g cancellation status for non the last bill. J have made ence the last to inges made including new p licy balance due and/or fun a fater applying all payment eaden the current bill. the financial institution due to | erms -payment. olicies and renewals. de adjusted between polic s, adjustments and addition o non-sufficient funds or | cies, onal changes receive Incorrect Information. | d eince last bill | |
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| When yo fund trar make an Pleas | Pend Cancel - Prior Balance - Policy Transactions - Adjustments - Policy Transactions - Policy Balance - Fees - Returned Item - Date of Change REASON | Policy is in a pending Amount owed as of I Actual payments you Summary of any cha Other changes to po The total amount due Total of all fees asse Items returned from I Cha k as payment, you a scount or to process anafer, funds may b and you will not Cha (s) to indicate ite No.: | Explanation of Te g cancellation status for non the last bill. a have made since the last 1 ingee made including new p licy balance due and/or fun e after applying all payment eeed on the current bill. the financial institution due to explore the payment as a chece e withdrawn from your of receive your check back ange of Addree em(s) changed. GE (Please X the b | Prms -payment. bill. olicies and renewals. de adjusted between polic s, adjustments and addition to non-sufficient funds or the information from you k transaction. When the k transaction. When the k from your financial is the soon as the k from your financial is the soon as the count as soon as the k from your financial is the soon as the count as soon as the coun | cies. onal changes receive incorrect information. ON ur check to make a we use information e same day we re nstitution. ion e the reasons for rital Status Chemical | d eince last bill a one-time ei i from your ci coive your pi coive your pi | ectronic heck to ayment, |
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Sample EFT Statement

| IVI INSURANCE | ANTS GROUP | EFT STATEMEN | т |
|---|---|--|--|
| Billing Date: 10/29/2018 | | Account Numbe | A00000001 |
| | | Payment must be received by | e 11/20/2018 |
| Insured: | | To pay in fu | \$532.75 |
| JOHN SMITH 123 MAIN STREET BUFFALO, NY 10001 | | Amount du | EFT \$178.25 |
| if you have coverage questions, ple your agent at 716-555-1212 | ACCOUNT BILLING | Billing questions? Call 8 Merchants offers ePolicy Please go to <u>www.merch</u> ACTIVITY | 00-462-8182. and eBill Delivery. antsgroup.com. |
| Policy Number Policy Type | Policy Pe | riod Policy Bala | nce Amount D |
| Folicy launder | | | |
| PAP0000001 Automobile | 08/05/2018 To 0 | 8/05/2019 \$531.1 \$1.0 | 75 \$177.28 00 \$1.00 |
| PAP0000001 Automobile EFT Fee TOTAL The total amount of \$178,25 will be w | 08/05/2018 To 0 | 18/05/2019 \$531. \$1.0 \$532. I institution on 11/20/2018. | 75 \$177.20 00 \$1.00 75 \$178.20 |
| PAP0000001 Automobile EFT Fee TOTAL The total amount of \$178,25 will be w PLEASE DO NOT RETURN BOTTOM PORTION UNIT | 08/05/2018 To 0 | 18/05/2019 \$531. \$1.4 \$532. I Institution on 11/20/2018. | 75 \$177.20 00 \$1.00 75 \$178.20 |
| PAP0000001 Automobile EFT Fee TOTAL The total amount of \$178,25 will be w PLEASE DO NOT RETURN BOTTOM PORTION UNIT MERCHANT'S | 08/05/2018 To 0 vithdrawn directly from your financia ess you have made an address change on PAYMENT COUPON | 18/05/2019 \$531. \$1.0 \$532. I Institution on 11/20/2018. | 75 \$177.20 00 \$1.00 75 \$178.20 |
| PAP0000001 Automobile EFT Fee TOTAL The total amount of \$178,25 will be w PLEASE DO NOT RETURN BOTTOM PORTION UNIT MERCHANTS INSURANCE GROUP | 08/05/2018 To 0 vithdrawn directly from your financia | 18/05/2019 \$531. \$1.0 \$532. I Institution on 11/20/2018. Account Numbe Payments must by received by | r5 \$177.20 00 \$1.00 75 \$178.20 r A000000001 e 11/20/2018 |
| PAP0000001 Automobile EFT Fee TOTAL The total amount of \$178,25 will be w PLEASE DO NOT RETURN BOTTOM PORTION UNIT MERCHANT'S INSURANCE GROUP Insured: IOHN SMITH | 08/05/2018 To 0 vithdrawn directly from your financia ess you have made an address change on PAYMENT COUPON This is not a bill. | 18/05/2019 \$531. \$1.0 \$532. I Institution on 11/20/2018. Account Numbe Payments must be received b To pay in fu | 75 \$177.20 00 \$1.00 75 \$178.20 75 \$178.20 11/20/2018 9 11/20/2018 9 11/2532.75 |
| PAP0000001 Automobile EFT Fee TOTAL The total amount of \$178,25 will be w PLEASE DO NOT RETURN BOTTOM PORTION UNIT MERCHANTS Insured: JOHN SMITH | 08/05/2018 To 0 vithdrawn directly from your financia ess you have made an address change on PAYMENT COUPON This is not a bill. | 18/05/2019 \$531. \$1.0 \$532. I Institution on 11/20/2018. THE REVERSE SIDE. Account Numbe Payments must be received by To pay in fu Amount due | r A00000001 r A00000001 r 11/20/2018 y E EFT \$178.25 |
| PAP0000001 Automobile EFT Fee TOTAL The total amount of \$178,25 will be w PLEASE DO NOT RETURN BOTTOM PORTION UNIT MERCHANT'S Insured: JOHN SMITH Please mail address change to: | 08/05/2018 To 0 vithdrawn directly from your financia uses you have made an address change on PAYMENT COUPON This is not a bill. | 18/05/2019 \$531. \$1.0 \$532. I Institution on 11/20/2018. THE REVERSE SIDE. Account Numbe Payments must by received b To pay in fu Amount due | 75 \$177.20 00 \$1.00 75 \$178.20 75 \$178.20 11/20/2018 9 11 \$532.75 e EFT \$178.25 d \$ |
| PAP0000001 Automobile EFT Fee | 08/05/2018 To 0 vithdrawn directly from your financia vess You HAVE MADE AN ADDRESS CHANGE ON PAYMENT COUPON This is not a bill. Please re | 18/05/2019 \$531. \$1.0 \$532. I Institution on 11/20/2018. Account Numbe Payments must by received b To pay in fu Amount due Amount due Amount paid A \$25 fee will apply for A \$20 fee will apply for fer to the reverse side for check pr | r A000000001 r5 \$177.20 75 \$178.20 75 \$178.20 11/20/2018 9 11 \$532.75 E EFT \$178.25 2 \$ a returned item. late payments. processing information. |

| · | | In de l'encered han | nure phinigs.) | | |
|---------------------|--|---|--|--|---|
| 1001 Plan Int | | | I e E | nstall ind/or FT Fee | Total Amount Due |
| .25 | | | | \$1,00 | \$178 25 |
| .25 | | | | \$1.00 | \$178.25 |
| | | | | | |
| | | | | | |
| Prior Balance | Payments Received | Policy Transactions | Adjustments | | Policy Balance |
| \$709.00 | \$177.25- | - | | | \$531.75 |
| | \$1.00- | | | | \$1.00 |
| | | | | | \$532.75 |
| | | | | | |
| | | | | | |
| | | | | | |
| | 25 25 ty Summary The Prior Balance \$709.00 | 25 28 ty Summary The following is a summary Prior Payments Balance Received \$709.00 \$177.25- | 25 28 ty Summary The following is a summary of activity processed Prior Payments Policy Balance Received Transactions \$709.00 \$177.25 | 25 25 25 127 128 129 129 129 129 129 129 129 129 | ty Summary The following is a summary of activity processed since your last bill for each Prior Payments Policy Adjustments Balance Received Transactions \$709.00 \$177.25 |

| i alfiniarita i teaaritaa | round pupilions for there and allocate here here |
|---------------------------|--|
| Policy Transactions - | Summary of any changes made including new policies and renewals. |
| Adjustments - | Other changes to policy balance due and/or funds adjusted between policies. |
| Policy Balance - | The total amount due after applying all payments, adjustments and additional changes received since last bill. |
| Fees - | Total of all fees assessed on the current bill. |
| Returned Item - | Items returned from the financial institution due to non-sufficient funds or incorrect information. |

Check Processing Information

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. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Change of Address Information

Please X the block(s) to indicate item(s) changed.

| Insured Name: | |
|----------------------|--|
| Street/Bldg/Apt No.: | |
| City/State/ZIP: | |
| Date of Change: | |
| | |

REASON FOR CHANGE (Please X the block(s) that indicate the reasons for change(s).)

| Named | Insured | Correction |
|---------|---------|------------|
| Address | Correct | tion |

Marital Status Change Moved to New Address

Sample Commercial Lines Premium Audit Notice

| | ISURANCE | HANTS E GROUP | | COMMERCIAL INS | URANCE BILL |
|--|---|--|---|--|---|
| Billing Date: 10 | /01/2018 | | | Account Number | A000000191 |
| | P | REMIUM AUD | IT NOTICE | Payment must be received by | 11/01/2018 |
| Insured: | | | | To pay in full | \$4,174.00 |
| DMS | P682 CLASS 1 0 | ШР | | Amount due* | \$4 174 00 |
| A A, I | NH 03087 | | | | |
| * As a result of a * Please send us | an audit, your pren e your payment wi | nlum has been adj. Ith the Payment Co | usted. Bill Mei upon below. | ing questions? Call 800- rchants offers the followi Electronic Funds Transfer | 462-8182. ng options: (EFT) |
| * Contact your A | Agent If you have o | questions regarding | g audit. | Online Payment | |
| Visit our web sit | te at www.merchar | ntsgroup.com to fir | nd out Die | Smartphone Payment | caroup com |
| more about Mer | chants Insurance | Group. | | | sgroup.com. |
| olicy Number | Policy Typ | ACCOUR | Policy Period | IVIII | Amount D |
| Uncy Number | Folicy Typ | 6 | Policy Period | Policy Balance | Amount D |
| LPP682001 | Commercial L | jability | 11/01/2018 To 11/01/20 | \$4,174,00 | \$4 174 00 |
| TOTAL | Commercial L | lability | 11/01/2018 To 11/01/2 | 019 \$4,174.00 \$4,174.00 | \$4,174.00 \$4,174.00 |
| TOTAL | Commercial L | lability | 11/01/2018 To 11/01/2 | 019 \$4,174.00 \$4,174.00 | \$4,174.00 \$4,174.00 |
| DETACH HERE AND RE | Commercial L | DN WITH YOUR PAYMEN | 11/01/2018 To 11/01/20 IT. WRITE YOUR | 019 \$4,174.00 \$4,174.00 \$4,174.00 | \$4,174.00 \$4,174.00 # FOR ACCURATE PROCES |
| | Commercial L | DN WITH YOUR PAYMEN PAYMENT CO Return wit | <u>11/01/2018 To 11/01/20</u> пт. write your UPON h payment. | ACCOUNT NUMBER ON YOUR CHEC ACCOUNT NUMBER ON YOUR CHEC Account Number Payment must be received by | \$4,174.00 \$4,174.00 \$6 FOR ACCURATE PROCES A000000191 11/01/2018 |
| | COMMERCIAL L | DN WITH YOUR PAYMEN PAYMENT CO Return wit PREMIUM | 11/01/2018 To 11/01/20 IT. WRITE YOUR UPON h payment. AUDIT NOTICE | ACCOUNT NUMBER ON YOUR CHEC Account Number Payment must be received by To pay in full | \$4,174.00 \$4,174.00 \$6,174.00 \$6,174.00 \$6,174.00 \$4,174.00 |
| DETACH HERE AND RE MERC INSURAN Insured: DMS P682 (| COMMERCIAL L | DN WITH YOUR PAYMEN PAYMENT CO Return wit | 11/01/2018 To 11/01/20 IT. WRITE YOUR UPON th payment. AUDIT NOTICE | ACCOUNT NUMBER ON YOUR CHEC Account Number Payment must be received by To pay in full Amount due | \$4,174.00 \$4,174.00 # FOR ACCURATE PROCES A000000191 11/01/2018 \$4,174.00 \$4,174.00 |
| DETACH HERE AND RE MERC INSURAN Insured: DMS P682 (MAKE CHECK PAYAB | COMMERCIAL L TURN BOTTOM PORTIC CHANTS NCE GROUP CLASS 1 GLP | DN WITH YOUR PAYMEN PAYMENT CO Return wit | 11/01/2018 To 11/01/20 IT. WRITE YOUR UPON "h payment. AUDIT NOTICE If your address has changed | ACCOUNT NUMBER ON YOUR CHEC Account Number Payment must be received by To pay in full Amount due Amount paid | \$4,174.00 \$4,174.00 \$4,174.00 \$4,174.00 \$4,174.00 \$4,174.00 |
| DETACH HERE AND RE MERC INSURAN Insured: DMS P682 (MAKE CHECK PAYAB Merchants Insu P.O. Box 4031 Buffalo, New Y | Commercial L TURN BOTTOM PORTIC CHANTS NCE GROUP CLASS 1 GLP LE TO AND MAL TO: Urance Group | DN WITH YOUR PAYMEN PAYMENT CO Return wit | II/01/2018 To 11/01/20 II. WRITE YOUR DUPON th payment. AUDIT NOTICE If your address has changed please check this box and complete the back of the stub. Please refer to the | ACCOUNT NUMBER ON YOUR CHEC ACCOUNT NUMBER ON YOUR CHEC Account Number Payment must be received by To pay in full Amount due Amount paid 4 \$25 fee will apply for a re A \$20 fee will apply for late prevense side for check process | \$4,174.00 \$4,174.00 \$4,174.00 \$ \$ A000000191 11/01/2018 \$4,174.00 \$ \$4,174.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

| ayment Schedule | . (Any recent chan | ges to your policy w | ill be reflected in f | uture billings) | |
|--|---|--|--|---|-------------------------------------|
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| ecoupt Activity S | imman/ | | | | ar angh nollow |
| Policy | Prior | Payments | Policy | Adjustments | Polloy |
| 1 only | Balance | Received | Transactions | | Balance |
| Pend Cancel Prior Balance Payments Received Policy Transactions Adjuctments Policy Balance Fees Returned Item | Policy is in a pending Amount owed as of th Actual payments you Summary of any char Other changes to pol The total amount due Total of all fees assed Items returned from th Che ok as payment, you a | Explanation of Te cancellation status for nor te last bill. have made since the last i riges made including new p icy balance due and/or fun after applying all payment seed on the current bill. he financial institution due eck Processi uthorize us either to us | erms -payment. -policiee and renewale. de adjusted between poli s, adjustments and additi to non-sufficient funds or ng Information from you | cies. onal changes received sin Incorrect information. ON ur check to make a on | nce last bill. e-time electronic |
| fund transfer from your a make an electronic fund | account or to process transfer, funds may be and you will not | the payment as a chec withdrawn from your a receive your check bac | k transaction. When account as soon as th k from your financial i | we use information from the same day we receive nstitution. | m your check to re your payment, |
| | Cha | nge of Addre | ess Informat | ion | |
| Please X the block | k(s) to indicate ite | m(s) changed. | | | |
| Insured Name | et No. : | | | | |
| City/State/ZIE | DE NO.: | | | | |
| Date of Chan | , ge: | | | | |
| REASO | N FOR CHANG | E (Please X the b | lock(s) that indicat | e the reasons for o | hange(s).) |
| Nemod Tenurod | Correction | | Пм | rital Status Change | |
| Address Correct | on | | Me | ved to New Address | |
| | | | | | |



| MERCHANTS | COMMERCIAL CANCELLATION | Policy Number | CUP1083P01 |
|---|--|----------------------------|---------------------|
| | Return with payment. | Due on | 11/20/2018 |
| P1083 NH | CANCELLATION INVOICE | Amount due | \$750.00 |
| 0151 | | Amount paid | \$ |
| MAKE CHECK PAYABLE TO AND MAIL TO: Merchants Insurance Group P.O. Box 4031 Buffalo, New York 14240 | If your address has changed please check this box and complete the back of the stub. Please refer to the re | everse side for check prod | essing information. |
| FOR INTERNAL USE O | NFA COBPO93607703779000777 | | |
| | | | |

COMMERCIAL CANCELLATION

| Policy Number | CUP1083P01 |
|---------------|------------|
| Due on | 11/20/2018 |
| Amount due | \$750.00 |

Billing questions? Call 800-462-8182.

Merchants offers the following options:

Please go to www.merchantsgroup.com.

Insured: P1083 NH

CUP1083P01

Mail Date: 11/05/2018

Check Processing Information

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. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Change of Address Information

Please X the block(s) to indicate item(s) changed.

| Insured Name: |
|--------------------------|
| Street/Bldg/Apt No.: |
| City/State/ZIP: |
| Date of Change: |

REASON FOR CHANGE (Please X the block(s) that indicate the reasons for change(s).)

| Named Insured Correction |
|--------------------------|
| Address Correction |

Marital Status Change Moved to New Address

| Billing Date: 09/27/2018 | | PAST DUE | Acc | ount Number | A00000001 |
|---|--|---|---|---|--|
| | R | ETURN PAYMENT | Pay | ment must be | NOW |
| Insured: | | | | To pay in full | \$734.39 |
| JANE SMI | гн | | | Amount due* | \$734.39 |
| OLD TOW | N, MA 00001 | | * A \$7.00 | fee will be charge | d for each instalime |
| Dear Customer: * Your payment has bee account a \$25.00 return * If another payment is r may no longer qualify t polloy balance will be d | n returned. We hav ned item fee. eturned to us for ar for instaliments or E fue in full. | ve charged your hy reason, you EFT and your | Billing question Merchants off Electronic Policy ai Online Pa Smartpho | ons? Call 800- ers the followin Funds Transfer nd eBill Delivery ayment one Payment | 462-8182. ng options: (EFT) |
| | ۸۵ | | | www.merchants | sgroup.com. |
| 10P0000001 Bus nstallment Fee Returned Item Fee | inessowners | 09/21/2018 To 09/ | 21/2019 | \$2.00 \$25.00 | \$2.0 |
| * If your policy is set the due date of your your account. | inessowners up for EFT Paym r next payment, ti | 09/21/2018 To 09/ | - Return Paym your next EFT | \$707.08 \$2.00 \$734.39 ent" invoice rei payment and b | \$25.0 \$25.0 \$734.3 main unpaid as o se withdrawn from |
| OPCOUNDED I Bus NOPD000001 Bus Installment Fee Bus Notation Fee Bus TOTAL TOTAL * If your policy is set the due date of your your account. DETACH HERE AND RETURN BOT TOTMERCHAND | Up for EFT Paym r next payment, th TTOM PORTION WITH YO VTS PAYM | 09/21/2018 To 09/ | - Return Paymyour next EFT | \$2.00 \$25.00 \$734.39 ent" invoice rel payment and b | \$2.0 \$25.0 \$734.3 main unpaid as o be withdrawn from |
| OP0000001 Bus NOP0000001 Bus Installment Fee Bus TOTAL TOTAL * If your policy is set the due date of your your account. Detach Here AND RETURN BOT DETACH HERE AND RETURN BOT MERCHAN MERCHAN MERCHAN | inessowners up for EFT Paym r next payment, ti пом ровтном with yo VTS PAYN DUP Retu | 09/21/2018 To 09/ | - Return Paym your next EFT | ER ON YOUR CHECK F unt Number ent must be received by | \$2.0 \$25.0 \$734.3 main unpaid as o be withdrawn from FOR ACCURATE PROCESS A00000001 NOW |
| OPCOUNDER PA INDEPODUOU001 Bus Installment Fee Bus Notation TOTAL * If your policy is set The due date of your your account. TOTAL DETACH HERE AND RETURN BOT MERCHAN MERCHAN Insured: | inessowners up for EFT Paym r next payment, ti пом роктюм with yo UP Refu | 09/21/2018 To 09/ | - Return Paym your next EFT | \$7.00 \$25.00 \$734.39 ent" invoice rei payment and b ER ON YOUR CHECK F unt Number ent must be received by o pay in full | \$2.0 \$25.0 \$734.3 main unpaid as o be withdrawn from FOR ACCURATE PROCESS A00000001 NOW \$734.39 |
| OPCOUNDER PA INDEPODUOU001 Bus Installment Fee Bus TOTAL TOTAL * If your policy is set the due date of your your account. Insure the set the due date of your your account. DETACH HERE AND RETURN BOT Insure the set the s | Inessowners up for EFT Paym r next payment, th r next payment, th | 09/21/2018 To 09/ | - Return Paymyour next EFT | \$7.00 \$25.00 \$734.39 ent" invoice rei payment and b ent number ent must be received by o pay in full Amount due | \$2.0 \$25.0 \$734.3 main unpaid as o be withdrawn from FOR ACCURATE PROCESS A00000001 NOW \$734.39 \$734.39 |
| OILCY NUMBER PA OP0000001 Bus Installment Fee Bus TOTAL TOTAL * If your policy is set the due date of your your account. TOTAL DETACH HERE AND RETURN BOT MERCHAN DETACH HERE AND RETURN BOT MERCHAN Insured: JANE SMITH MAKE CHECK PAYABLE TO AND | Inessowners Up for EFT Paym r next payment, ti TOM PORTION WITH YO UP Refu | O9/21/2018 To O9/ | - Return Paymyour next EFT | \$7.00 \$25.00 \$734.39 ent" invoice rei payment and b ent must be received by o pay in full Amount due Amount paid | \$25.0 \$25.0 \$734.3 main unpaid as o be withdrawn from FOR ACCURATE PROCESS A00000001 NOW \$734.39 \$734.39 \$734.39 |

Payment Schedule (Any recent changes to your policy will be reflected in future billings.)

| Policy | Prior Balance | Payments Received | Policy Transactions | Adjustments | Policy Balanc |
|---|--|---|--|--|------------------|
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| | T | | | | |
| | | Explanation of T | erms | | |
| Pend Cancel - | Policy is in a pending | Explanation of T | erms n-payment. | | |
| Pend Cancel - Prior Balance - | Policy is in a pending Amount owed as of i | Explanation of T g cancellation status for not he last bill. | erms_ n-payment. | | |
| Pend Cancel - Prior Balance - Payments Received - | Policy is in a pending Amount owed as of t Actual payments you | Explanation of T g cancellation status for not he last bill. | erms n-payment. bill. | | |
| Pend Cancel - Prior Balance - Payments Received - Policy Transactions - | Policy is in a pending Amount owed as of t Actual payments you Summary of any oha | Explanation of T g cancellation status for not he last bill. have made since the last inges made including new | erms n-payment. bill. policies and renewals. | | |
| Pend Cancel - Prior Balance - Payments Received - Policy Transactions - Adjustments | Policy is in a pending Amount owed as of i Actual payments you Summary of any cha Other changes to po | Explanation of T cancellation status for nor he last bill. I have made since the last inges made including new ilcy balance due and/or fur | erms n-payment. bill. policies and renewals. Ids adjusted between polic | ies. | |
| Pend Cancel - Prior Balance - Payments Received - Policy Transections - Adjustments - Policy Balance - | Policy is in a pending Amount owed as of Actual payments you Summary of any cha Other changes to po The total amount dur | Explanation of T g cancellation status for nor he last bill, a have made since the last inges made including new licy balance due and/or fur s after applying all paymen | erms n-payment. bill. policies and renewals. rds adjusted between polic ts, adjustments and additio | ies, anal changes received since is | ast bill. |
| Pend Cancel - Prior Balance - Payments Received - Policy Transactions - Adjustments - Policy Balance - Fees - | Policy is in a pending Amount owed as of t Actual payments you Summary of any cha Other changes to po The total amount du Total of all fees asse | Explanation of T g cancellation status for nor he last bill, a have made since the last inges made including new licy balance due and/or fur a after applying all paymen seed on the current bill. | erms n-payment. bill. policies and renewals. rds adjusted between polic te, adjustments and additio | ies. Inal changes received since in | ast bill. |

Check Processing Information

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. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Change of Address Information

Please X the block(s) to indicate item(s) changed.

| Insured Name: |
|----------------------|
| Street/Bldg/Apt No.: |
| City/State/ZIP: |
| Date of Change: |

REASON FOR CHANGE (Please X the block(s) that indicate the reasons for change(s).)

| Named | Insured | Correction |
|---------|---------|------------|
| Address | Correct | tion |

Account Activity Summary

Marital Status Change Moved to New Address

| | RANCE | GROUP | | Date of Notice | 09/27/2018 |
|--|--|---|--|---|--|
| | IUIIIOD | UNCOU | | Unpaid Balance | \$100.33 |
| | | | | Due No Later Than | 10/10/2018 |
| INPAID PR | IOR BAL | ANCE | | | |
| | | | | Policy Number | PAPI000001 |
| JOHN SMITH JANE SMITH | | | | A \$25 fee will be charged for checks returned by your bank | |
| PO BOX 11 | 100 | | 4-B3 | | |
| EARE ERE, NT OU | 100 | | | AGENT: GREAT AGENCY INC. | |
| | | | | 716-555-1212 | |
| getting this notice? | insurance the date of | policy # PAPI0000001 . This this notice, we have not r | s policy was in for eceived your payn | the from 03/04/2018 to 09/27 nent and your account is pa | 7/2018. As of ist due. |
| What action is required? | IF YOU DIS coverage w | SAGREE with this notice, vas replaced by another c | call us at 1-800-46 arrier prior to date | 2-1077 to discuss this situa of 09/27/2018 you must su | ation. If your pply our |
| | This proof IF YOU AG below by 1 | of coverage will allow us t REE with this notice, plea 0/10/2018 to avoid further | o adjust your outs se send us your p action. | e, from the other carner. tanding balance as approprivayment along with the payr | iate. ment coupon |
| Your Merchants Insurance contact is | This proof IF YOU AG below by 1 Please con this matter | of coverage will allow us t <i>REE</i> with this notice, plea 0/10/2018 to avoid further ntact the following Mercha | o adjust your outsi ase send us your p action. | e, from the other carner. tanding balance as appropri- bayment along with the payr | iate. ment coupon u to resolve |
| Your Merchants Insurance contact is CH HERE AND RETURN | This proof <i>IF YOU AG</i> below by 1 Please cor this matter BOTTOM PORTIO | of coverage will allow us t REE with this notice, plea 0/10/2018 to avoid further ntact the following Mercha | wRITE YOUR I | e, from the other carner. tanding balance as appropri- ayment along with the payr . We will try to work with you | iate. ment coupon u to resolve DR ACCURATE PROCESS |
| Your Merchants Insurance contact is CH HERE AND RETURN WMERCHL INSURANCE O | This proof <i>IF YOU AG</i> below by 1 Please cor this matter BOTTOM PORTIO <i>ANTS</i> <i>GROUP</i> | of coverage will allow us to <i>REE</i> with this notice, plea 0/10/2018 to avoid further atact the following Mercha N WITH YOUR PAYMENT. PAYMENT C - Return with pay | writte your of the second us your part of the second s | e, from the other carner. tanding balance as appropri- bayment along with the payr . We will try to work with you POLICY NUMBER ON YOUR CHECK FO Unpaid Balance Due No Later Than | iate. ment coupon u to resolve DR ACCURATE PROCESSI \$100.33 10/10/2018 |
| Your Merchants Insurance contact is CH HERE AND RETURN WMERCHL INSURANCE O | This proof <i>IF YOU AG</i> below by 1 Please cor this matter BOTTOM PORTIO <i>ANTS</i> <i>GROUP</i> | of coverage will allow us to <i>REE</i> with this notice, plea 0/10/2018 to avoid further attact the following Mercha N WITH YOUR PAYMENT. PAYMENT C - Return with pay UNDAID PRIOR | wRITE YOUR I | e, from the other carner. tanding balance as appropri- bayment along with the payr . We will try to work with you POLICY NUMBER ON YOUR CHECK FO Unpaid Balance Due No Later Than | iate. ment coupon u to resolve DR ACCURATE PROCESS \$100.33 10/10/2018 |
| Your Merchants Insurance contact is CH HERE AND RETURN WINSURANCE Sured: | This proof <i>IF YOU AG</i> below by 1 Please cor this matter BOTTOM PORTIO <i>ANTS</i> <i>GROUP</i> | of coverage will allow us to <i>REE</i> with this notice, pleato 0/10/2018 to avoid further attact the following Mercha N WITH YOUR PAYMENT. PAYMENT C - Return with pay UNPAID PRIOR | wRITE YOUR I | e, from the other carner. tanding balance as appropri- bayment along with the payr . We will try to work with you poucy <i>number on your check fo</i> Unpaid Balance Due No Later Than Policy Number | iate. ment coupon u to resolve R ACCURATE PROCESS \$100.33 10/10/2018 PAPI000001 |
| Your Merchants Insurance contact is ch here and return <u>WMERCHU</u> INSURANCE O <u>sured:</u> JOHN SMITH JANE SMITH | This proof <i>IF YOU AG</i> below by 1 Please cor this matter BOTTOM PORTIO <i>ANTS</i> <i>GROUP</i> | of coverage will allow us to <i>REE</i> with this notice, pleato 0/10/2018 to avoid further attact the following Mercha N WITH YOUR PAYMENT. PAYMENT C - Return with pay UNPAID PRIOR | writte your outsi writte your outsi ase send us your p action. mert oupon ment BALANCE | e, from the other carner. tanding balance as appropri- bayment along with the payr . We will try to work with you POUCY NUMBER ON YOUR CHECK FO Unpaid Balance Due No Later Than Policy Number Amount Paid | iate. ment coupon u to resolve PAPI000001 |
| Your Merchants Insurance contact is CH HERE AND RETURN WMERCH MERCH SURANCE O SURANCE O SURANCE O SURANCE O | This proof <i>IF YOU AG</i> below by 1 Please cor this matter BOTTOM PORTIO <i>ANTS</i> <i>GROUP</i> | of coverage will allow us to <i>REE</i> with this notice, plea 0/10/2018 to avoid further attact the following Mercha N WITH YOUR PAYMENT. PAYMENT C - <i>Return with pay</i> UNPAID PRIOR | e dectarations page o adjust your outsi ase send us your p action. nts representative <i>WRITE YOUR I</i> OUPON <i>ment</i> BALANCE | e, from the other carner. tanding balance as appropri- bayment along with the payr . We will try to work with you poucy number on your check for Unpaid Balance Due No Later Than Policy Number Amount Paid A \$25 fee will be charged for Amount Paid | iate. ment coupon u to resolve PA ACCURATE PROCESSI \$100.33 10/10/2018 PAPI000001 \$ |
| Your Merchants Insurance contact is CH HERE AND RETURN MERCHU INSURANCE O ISURANCE O ISURANCE O ISURANCE O ISURAL TO ANTH JANE SMITH | This proof <i>IF YOU AG</i> below by 1 Please cor this matter BOTTOM PORTIO <i>ANTS</i> <i>GROUP</i> | of coverage will allow us to REE with this notice, pleat 0/10/2018 to avoid further ntact the following Mercha N WITH YOUR PAYMENT. PAYMENT C - Return with pay UNPAID PRIOR | writte Your I writte Your I writte Your I Manual I M | e, from the other carner. tanding balance as appropri- bayment along with the payr . We will try to work with you coucy <i>NUMBER ON YOUR CHECK FO</i> Unpaid Balance Due No Later Than Policy Number Amount Paid A \$25 fee will be charged for checke returned by your bank | iate. ment coupon u to resolve <i>R ACCURATE PROCESSI</i> \$100.33 10/10/2018 PAPI000001 \$ |
| Your Merchants Insurance contact is CH HERE AND RETURN WMERCHL WMERCHL SURANCE O SURE JOHN SMITH JANE SMITH JANE SMITH AKE CHECK PAYABLE TO Ierchants Insuran .O, Box 4031 | This proof <i>IF YOU AG</i> below by 1 Please cor this matter BOTTOM PORTIO <i>ANT'S</i> <i>GROUP</i> | of coverage will allow us to <i>REE</i> with this notice, pleato 0/10/2018 to avoid further attact the following Mercha N WITH YOUR PAYMENT. PAYMENT C - Return with pay UNPAID PRIOR | writte Your I writte Your I writte Your I Manual I M | e, from the other carner. tanding balance as appropri- bayment along with the payr We will try to work with you POUCY NUMBER ON YOUR CHECK FO Unpaid Balance Due No Later Than Policy Number Amount Paid A \$25 fee will be charged for checks returned by your bank | iate. ment coupon u to resolve SA ACCURATE PROCESSI \$100.33 10/10/2018 PAPI000001 \$ |

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. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

| | ERCHA irance gi on notice | INTS ROUP | Date of Notice Unpaid Balance Due No Later Than | 09/27/2018 \$41,962.00 10/11/2018 | |
|--|--|--|--|---|-------------|
| | | | Policy Number | WCA1098P04 | |
| P1098 F 85 PEAF BUFFALC | ENEWAL L ST 9, NY 14202-4105 | 7-B3 | A \$25 fee will be charged for checks returned by your ban AGENT: TEST AGENT (00111) 716-999-9999 MPIC WSBC9 | k | |
| Why are you getting this notice? | Our records in Compensation 08/22/2018. As is past due. | dicate that there is an unpaid balance insurance policy # WCA1098P04. Th s of the date of this notice, we have n | of \$41,962.00 owed on the V is policy was in force from 08 ot received your payment and | Vorkers 9/22/2017 to d your account | |
| Why should you act immediately? | If you fail to s sources. This | ettle this matter now, your account ma may negatively affect your credit ratin | ay be forwarded to our outsid g and cause you to incur add | e collection litional costs. | |
| What action is required? | You need to so office by 10/11 envelope provi | ubmit the outstanding balance of \$41, /2018. Complete the Payment Coupo ded. | 962.00, which must be receiv n below and mail it with your | red in our payment in the | |
| Your Merchants Insurance contact is | Please contac with you to res | t the following Merchants representati olve this matter. | ve at 1-800-462-1077. We wi | ill try to work | |
| DETACH HERE AND RETURN | BOTTOM PORTION WI | TH YOUR PAYMENT. WRITE YOU | UR POLICY NUMBER ON YOUR CHECK F | OR ACCURATE PROCESSIN | G. |
| MERCH | ANTS | PAYMENT COUPON | Unpaid Balance | \$41,962.00 | |
| L V LINSURANCE | GROUP | - Return with payment | Due No Later Than | 10/11/2018 | |
| P1098 RENEWAL | | COLLECTION NOTICE | Policy Number | WCA1098P04 | DO NO |
| Č Ž | | | Amount Paid | \$ | TSTA |
| Make CHECK PAYABLE TO Merchants Insuran P.O. Box 4031 Buffalo, New York | 0 AND MAIL TO: Ice Group 14240 | | A \$25 fee will be charged for checks returned by your ban | k | PLE OR FOLD |
| FOR INTERNA | L USE ONLY | MCV7029604095575000777 | | E. | |

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. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Sample of Account Bill Insurance Bill with Policy in a Pending Cancellation

| | SURANCE | ANTS GROUP | | COMMERCIAL INSU | IRANCE BILL |
|--|---|---|---|---|---|
| Billing Date: 09/2 | 27/2018 | | | Account Number | A00000011 |
| Insurad | | | | Payment must be received by | 10/19/2018 |
| msuleu. | | | | To pay in full | \$3,124.70 |
| SMITH PLUMBING LLC 123 MAIN STREET LAKE ERIE, NY 10001 | | | 13~B4 | Amount due* | \$1,245.60 |
| Merchante Insur GREAT INSUR If you have cove your agent at 7 | ance Group and yo ANCE INC. apprecia rage questions, pl 16-555-1212 | our Independent Ag te your businessi sase contact | ent | * A \$7.00 fee will be charge Billing questions? Call Merchants offers the fo Electronic Funds Transf ePolicy and eBill Deliver Online Payment Smartphone Payment Please go to www.merce | ged for each installment. 800-462-8182. Ilowing options: er (EFT) y shantsgroup.com. |
| | | ACCOUN | T BILLING ACT | | |
| olicy Number | Policy Type | 1 | Policy Period | Policy Balance | Amount Due |
| BOPI000001 Installment Fee | Businessowne | ers (| 04/15/2018 To 04/15/20 | 019 \$3,110.70 \$14.00 | \$1,231.60 \$14.00 |
| | | | | ** *** *** | 41 015 00 |
| TOTAL | | | | \$3,124.70 | \$1,245.60 |
| | | | | \$3,124.70 | \$1,245.60 |
| DETACH HERE AND RE | TURN BOTTOM PORTIO | N WITH YOUR PAYMENT | . WRITE YOUR | \$3,124.70 | \$1,245.60 |
| | turn bottom portio CHANTS ICE GROUP | N WITH YOUR PAYMENT PAYMENT COU Return with | write your JPON a payment. | \$3,124.70 ACCOUNT NUMBER ON YOUR CHECK Account Number Payment must be received by | \$1,245.60 (FOR ACCURATE PROCESSING) A000000011 10/19/2018 |
| DETACH HERE AND RE MERC Insured: | turn bottom portio CHANTS ICE GROUP | N WITH YOUR PAYMENT PAYMENT COU Return with | writte Your IPON h payment. | Account Number on Your Check Account Number Payment must be received by To pay in full | \$1,245.60 (FOR ACCURATE PROCESSING) A000000011 10/19/2018 \$3,124.70 |
| DETACH HERE AND RE MERCAN Insured: SMITH PLUMBI | TURN BOTTOM PORTIO CHANT'S ICE GROUP | N WITH YOUR PAYMENT PAYMENT COU Return with | write your IPON h payment. | Account Number on Your Check Account Number Payment must be received by To pay in full Amount due | \$1,245.60 (FOR ACCURATE PROCESSING) A000000011 10/19/2018 \$3,124.70 \$1,245.60 |
| DETACH HERE AND RE MERCINSURAN Insured: SMITH PLUMBI MAKE CHECK PAYAB | TURN BOTTOM PORTIO CHANTS ICE GROUP NG LLC LE TO AND MAIL TO: | N WITH YOUR PAYMENT PAYMENT COU Return with | WRITE YOUR JPON payment. | \$3,124.70 Account Number Account Number Payment must be received by To pay in full Amount due Amount paid | \$1,245.60 (FOR ACCURATE PROCESSING A000000011 10/19/2018 \$3,124.70 \$1,245.60 |
| DETACH HERE AND RE MINSURAN Insured: SMITH PLUMBI MAKE CHECK PAYAB Merchants Insu P.O. Box 4031 Buffalo, New Y | TURN BOTTOM PORTIO CHANTS ICE GROUP NG LLC LE TO AND MAIL TO: JITANCE GROUP ork 14240 | N WITH YOUR PAYMENT PAYMENT COU Return with | WRITE YOUR JPON D payment . If your address has changed please check this box and complete the back of the stub. Please refer to the | \$3,124.70 ACCOUNT NUMBER ON YOUR CHECK Account Number Payment must be received by To pay in full Amount due Amount paid \$ A \$25 fee will apply for a re A \$20 fee will apply for late | \$1,245.60 (FOR ACCURATE PROCESSING A000000011 10/19/2018 \$3,124.70 \$1,245.60 Sing information |
| DETACH HERE AND RE MINSURAN Insured: SMITH PLUMBI MAKE CHECK PAYAB Merchants Insu P.O. Box 4031 Buffalo, New Y FOR INTER | TURN BOTTOM PORTIO CHANTS ICE GROUP NG LLC LE TO AND MAIL TO: JIRANCE GROUP ORK 14240 RNAL USE ONI | N WITH YOUR PAYMENT PAYMENT COU Return with | WRITE YOUR JPON D payment . If your address has changed please check this box and complete the back of the stub. Please refer to the | \$3,124.70 ACCOUNT NUMBER ON YOUR CHECK Account Number Payment must be received by To pay in full Amount due Amount due Amount paid \$ A \$25 fee will apply for a re A \$20 fee will apply for late a reverse side for check process | \$1,245.60 (FOR ACCURATE PROCESSING) A000000011 10/19/2018 \$3,124.70 \$1,245.60 turned item. payments. sing information. |

| Insured: SMITH PLUMBING LLC | | A0000001 | 11 | Billing Date: (| 09/27/2018 |
|--|---|---|------------------------------------|------------------------------|----------------------------------|
| Paymen | t Schedule | (Any recent changes to your policy wi | Il be reflected in future billings |) | |
| Payment Due Date | Policy BOPI000001 10 Pay Plan Amount | Policy WCAI000011 10 Pay Plan Amount | | Install and/or EFT Fee | Total Amount Due |
| 11/19/2018 12/19/2019 02/19/2019 03/19/2019 04/19/2019 05/19/2019 06/19/2019 06/19/2019 06/19/2019 06/19/2019 08/19/2019 09/19/2019 | \$626,55 \$626,55 \$626,00 | PEND CANCEL | | \$7.00 \$7.00 \$7.00 | \$633.55 \$633.55 \$633.00 |
| | | | | | |
| | | | | | |

| Policy | Prior Balance | Payments Received | Policy Transactions | Adjustments | Policy Balance |
|-----------------|------------------|----------------------|------------------------|-------------|-------------------|
| BOPI0000001 | \$3,110.70 | | - | | \$3,110.70 |
| FEE8 | | | | | \$14.00 |
| ACCOUNT BALANCE | | | | | \$3,124.70 |

| Explanation of Terms | | | |
|-----------------------|--|--|--|
| Pend Cancel - | Policy is in a pending cancellation status for non-payment. | | |
| Prior Balance - | Amount owed as of the last bill. | | |
| Payments Received - | Actual payments you have made since the last bill. | | |
| Polloy Transactions - | Summary of any changes made including new policies and renewals. | | |
| Adjustments - | Other changes to policy balance due and/or funds adjusted between policies. | | |
| Policy Balance - | The total amount due after applying all paymente, adjustments and additional changes received since last bill. | | |
| Fees- | Total of all fees assessed on the current bill. | | |
| Returned Item - | Items returned from the financial institution due to non-sufficient funde or incorrect information. | | |

Check Processing Information

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. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

Change of Address Information

Please X the block(s) to indicate item(s) changed.

| Insured Name: | |
|----------------------|--|
| Street/Bldg/Apt No.: | |
| City/State/ZIP: | |
| Date of Change: | |

REASON FOR CHANGE (Please X the block(s) that indicate the reasons for change(s).)

Named Insured Correction Address Correction Marital Status Change Moved to New Address

Appendix B - EFT Screens and Forms

EFT Sign-up Process

The screen below is reached by logging in to the Merchants website and clicking on "Billing Inquiry/Payments" box. This screen provides the links to the EFT sign-up and change forms.

| | INFORMATION CENTER |
|--|---|
| To view billing information or make an electronic payment on a policy or account, please enter one search criteria below and click the search icon. Account Number: | Direct Bill/Account Bill Program Direct Bill/Account Bill Manual Direct Bill/Account Bill Brochure Non-Pay Pending Cancel List MIGPay_{sm} Pay-As-You-Go User Guide (Policyholder) Frequently Asked Questions (Policyholder) Electronic Funds Transfer (EFT) documents: Enroll Online EFT Sign Up Form (printable PDF) Electronic Change Form EFT Change Form (printable PDF) EFT Frequently Asked Questions (Policyholder) eCheck eCheck Frequently Asked Questions (Policyholder) Credit Card Credit Card Frequently Asked Questions (Policyholder) Smart Phone App Smart Phone App Frequently Asked Questions (Policyholder) |
| Contact Us Email | E Live Help |

Select the form you wish to complete.

EFT Sign-Up

Complete the noted fields and click "Continue".





EFT is fast, easy

and convenient!

Dear Merchants Insurance Group Customer,

You can now automatically pay your Merchants Insurance Group bill directly from your checking or savings account at your financial institution, whether it is a bank or a credit union. This payment option is referred to as Electronic Funds Transfer (EFT).

EFT^{*} allows you to:

- · Save time - It's automatic.
- · Avoid lost or delayed checks in the mail.
- · Ensure a safe and secure payment each time.

Insurance bills with all policies enrolled in EFT

· A \$1 service fee will be applied to each insurance bill when all policies on the insurance bill are enrolled in EFT.

Insurance bills with some, but not all policies enrolled in EFT

- · A \$1 service fee will be applied to the account enrolled in EFT.
- A \$5 installment charge will be applied to all non-EFT personal insurance bills.

| hants Insurance Group bill will indicate th ance Group's EFT program. | at you are on Merchants Questions on EFT? Please refer to our FAQ page |
|---|--|
| It's easy to sign up! Just fill out the form below and click "Con | itinue." |
| I authorize Merchants Insurance Group and my account as shown on this form) all future payments I amount may vary based upon any changes to my M Insurance Group and my financial institution reserve choose to terminate this authorization, I will notify M | financial institution to automatically deduct (from my checking or savings for my Merchants Insurance Group account bill. I understand the payment erchants Insurance Group policy. I understand that both Merchants the right to terminate this authorization and my participation therein. If I erchants Insurance Group in writing. |
| Name of Financial Institution: * | |
| Please Select Type of Account: * | O Checking Account OR O Savings Account |
| Name on Account: * | |
| Is this account Personal or Business? | OPersonal Account OR OBusiness Account |
| Financial Institution Account #: * | |
| Verify Financial Institution Account #: * | |
| 9-Digit ABA or Routing #: * | 0 |
| | |
| Merchants' Policy #: * (Located in the Account Billing Activity area of your insurance Insured Name: * | bill.) |
| Merchants' Policy #: * (Located in the Account Billing Activity area of your insurance Insured Name: * Phone #: * | ыщ.) 1 - ([] - [|

requirments set forth in Merchants Insurance Group Agency Agreement and applicable state law Continue

Cancel

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EFT Change

Complete the noted fields and click "Continue".





Electronic Funds Transfer(EFT) Change Form

Please fill out the form below only for changes to your current Merchants Insurance Group EFT Information

| t's easy to Change or Discontinue EFT! lust fill out the form below and click "Co | '! ontinue." |
|--|--|
| I authorize Merchants Insurance Group and me account as shown on this form) all future payments amount may vary based upon any changes to my M Insurance Group and my financial institution reserv choose to terminate this authorization, I will notify M | In the provided and |
| Reason for Submission: * | O Change Financial Institution Information OR O Discontinue EF |
| Name of Financial Institution: * | |
| Please Select Type of Account: * | O Checking Account OR O Savings Account |
| Name on Account: * | |
| Is this account Personal or Business? | * O Personal Account OR O Business Account |
| Financial Institution Account #: * | · ⑦ |
| Verify Financial Institution Account #: | * |
| 9-Digit ABA or Routing #: * | 0 |
| Merchants' Policy #: * (Located in the Account Billing Activity area of your insurance bill.) | |
| Insured Name: * | |
| Phone #: * | 1 - () |
| EET Withdrawal Day: * | Please onler days 1 through 28 |

Appendix C - eCheck and Credit Card Screens

When you or an insured select a "Make a Payment" or "Pay Now" option within the "Billing Inquiry/Payments" section of the web the following screen will appear:

| | маке а | Payment | |
|---|----------------|--------------|----------------------|
| | | | *Required Informatio |
| Account Name: JOHN SMITH Account #: A900057759 | | | |
| low would you like to make a pa | ayment *? | | |
| Pay by policyholder eChe | ck | | |
| ○ Pay by credit card | | | |
| ⊖ Pay by agent eCheck | | | |
| Please choose the amount you v | vish to pay *: | | |
| O Amount Due | \$.00 | | |
| O Remaining Balance | \$.00 | | |
| Other Amount: | 376.20 | | |
| lease enter your banking inform | nation: | | |
| Name on Account*: | | | |
| Account Type*: | ✓ | ng 🔘 Savings | |
| Bank ABA*: | 0 | Bank Name: | |
| Account Number:* | | 0 | |
| | | | |

Note: The insured's page does not have the "Pay by agent eCheck" option.

When "Pay by credit card" is selected, the following set of screens will appear.



| | Make a Payment * Busing | ess Account | | | | |
|---------|--|--|--|--|--|--|
| CHASE 🔾 | Bold fields with * are required. | | | | | |
| | Payments received after 8:00 pm ET or received Saturday, Sunday or on a holiday will be posted to your Merchants account on the next business day. | | | | | |
| | To change information on this page please click Cancel button below to return to Merchants Insurance Group "Make a Payment" page. | | | | | |
| | | | | | | |
| | Account Nu | mber: A900057759 | | | | |
| | Effective Date (mm | ddyy): 000000 | | | | |
| | PAYMENT DETAILS | | | | | |
| | Payment Amount*: \$376.20 | Payment Date: Feb-06-2017 | | | | |
| | PAYMENT METHOD | | | | | |
| | New Account*: Credit/Debit Card | | | | | |
| | | | | | | |
| | Card Number*: | | | | | |
| | This payment may be assessed payment verification screen. You the fee is charged. | a convenience fee. The fee amount will display on the u will have the opportunity to cancel this payment before | | | | |
| | | Continue Cancel | | | | |

Appendix D - Smart Device Screens

The following examples are billing screens the insured will see displayed on their smart device as options to make a payment to Merchants. Please note that the insured must be a registered user on www.merchantsgroup.com to use this application.

Introductory and Login Screens for Merchants Mobile App

The first step the insured will do is log in. This function will ask the insured to enter their User ID and password.



| erchantsgro ease ente | pup.com to use th r your login cre | is application. |
|---------------------------|---------------------------------------|-------------------|
| User ID | biltest2@wav | espawn.com |
| Password | | |
| Login Type | | Billing |
| Remember | me? | NO |
| | Login | 1 |
| you do not l ww.mercha | have an account, ntsgroup.com | please sign up at |
| Call f | or Login Assistan | ice |

Making a Payment

Once the insured is logged in, they will see their account/policy number displayed on the screen as noted below.

| ৼ 🐵 🖬 🛓 🛓 单 💼 🛛 ভ 💐 🛜 100% 💈 10:36 AM | v @ ⊾↓↓↓β vv ≷ 🕅 100% 🕸 10:4 |
|---|---|
| Cancel Make a Payment History | Done Payment Approved |
| Policy: BOP9096552, WCAI031279 Total Balance: \$1363.04 Last Payment: \$1884.00 on 02/26/2014 Amount Due: \$579.33 on 03/15/2014 | Payment was Approved! Payment Amount: \$579.33 Date Pay: 3/4/2014 Bank Account: BANK OF AMERICA, NA |
| Pay Amount 579.33 | Confirmation Number: 470351 |
| Savings? NO | Call Merchants |
| Account Type Personal | |
| Name on Account Name on Account | |
| Bank ABA Bank ABA | |
| Account Number Account Number | |
| Save Account as Default? NO | |
| Submit Payment | |
| | |
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| | The Constant Acceleration Constant Constant |

- If the insured has a policy that is in a pending cancel status for nonpayment, their policy number will appear separate from the rest of their account and will be displayed in red.
- If the insured has already made their payment and/or their account/policy is paid in full, their account/policy number will be displayed in green.

Note: The insured must pay at least the minimum due which is in the "Pay Amount" field. The insured then has the option to fill in their financial institution data using their savings or checking account to make a payment. Also, credit card payment may be made, but a convenience fee will apply for this option. The convenience fee is NOT charged by Merchants; it is a fee assessed by our credit card payment processor.

Payment History and Payment Details

An insured may view their payment history and payment details by selecting the appropriate menu items, and they will then see the screens below:

| one | Paymen | t History | | |
|-----|--------------------------|----------------------------|---|--|
| | - | | | |
| | Payment Received Data | Total Payment Amount | | |
| | 02/12/2014 | 68.00 | > | |
| | 02/06/2014 | 1207.07 | > | |
| | 10/29/2013 | 363.10 | > | |
| | 10/07/2013 | 440.75 | > | |
| | 09/13/2013 | 385.98 | > | |
| | Negative amounts if show | n, reflect payment | | |
| | To learn more about your | hilling history please log | | |
| | into our website www.mer | chantegroup.com | | |
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Appendix E – Sample Online Billing Inquiry System Screens

Welcome to Billing Inquiry Screen

On this screen, you will be able to enter the account number, policy number or name of the insured.

| | INFORMATION CENTER Direct Bill/Account Bill Program O Direct Bill/Account Bill Manual O Direct Bill/Account Bill Brochure Non-Pay Pending Cancel List MIGRay _ Bay Ac You Go |
|------------------|---|
| | Direct Bill/Account Bill Program O Direct Bill/Account Bill Manual O Direct Bill/Account Bill Brochure Non-Pay Pending Cancel List |
| Account Number: | Initial ay_{sm} Pay-Ks-House User Guide (Policyholder) Frequently Asked Questions (Policyholder) Electronic Funds Transfer (EFT) documents: Enroll Online EFT Sign Up Form (printable PDF) Electronic Change Form EFT Change Form (printable PDF) EFT Frequently Asked Questions (Policyholder) eCheck eCheck Frequently Asked Questions (Policyholder) Credit Card Credit Card Frequently Asked Questions (Policyholder) Smart Phone App Smart Phone App Frequently Asked Questions (Policyholder) |
| Contact Se Phone | Live |
| Us 🕥 Email | Help |

Enter the Account Number, Policy Number or Insured Name and click the magnifying glass to continue.

Account Summary Screen

When entering the account number or policy the account billing summary will be displayed as follows:

| | | BILL | ING INQUIRY | | |
|---|--|---|--------------------------------------|--|--|
| | | information | r as of Leel Business Day | | |
| Account | Number: 4009123456 nt Name: SMOOTH SALING LTD TOO CREEKSIDE BLVD JOHR/EON, VT 05656-0 | 1585 | Agency Name: GRE 360 MAN | AT INSURANCE COMPANY, INC. MAIN STREET ICHESTER CENTER, VT 05819- | (12545) 0581 |
| | Account Summary Policy D | etail Transaction History | Installment Schedulo Payment | t Oetails Billable Party Ir | wolces |
| | | Account Status: One or mo | re polices Pending Cancel or Cancell | ed. | |
| | | Account Balance: | 8984.24 51,413.98 | | |
| 2 | | Lant Payment Date: | 11/15/2018 | | |
| Click"Make Paymer to display the chec | nt" | Min. Due from Last Invoid | Del: \$407.07 | Click"View | " in the |
| payment window | | Invoice Balance: | \$497.87 | column to v | iew the |
| | _ | > Ma | ke Payment | Invoice in PO | F formet. |
| | | | | | |
| Pending Cascellation: | | POLICIES F | OR THIS ACCOUNT | | |
| Policy # | Type. | Amount Due | Cancellation typice | Due Date | Policy Payment |
| BOPI012345 | Business Owners | \$446.3 | 7 View | 12/13/2018 | Pay Now |
| Artine | | | | | 1 |
| Policy # | | Type | Permant Part | DTCON | Manager Land |
| CAPDIZIASE | Commercial Auto | Contract of the second s | 10 Pay | N | \$483.8 |
| Control of the second | ent fees | | | | |
| * Down not include installyne | | | | | 1 |
| * Dolla not include installme Concelled: | | | | and the second s | Cancel Date |
| * Doffs not include installine Concelled: DORCy # | Тури | | Patcy Term | Cancel Reason | Contraction of the Article of the Ar |
| * Doffe net include installine Crincelled: Policy # WCA8050509 | Type Workers Compensation | | Pakey Term 1/15/2018 - 11/15/2019 | Insured Request | 12/13/2018 |
| * Doffs not include installine Crincelled: Policy # WCA8050909 | Type Workers Compensation | | 1/15/2018 - 11/15/2019 | Cancel Request | 12/13/2018 |

- Account Status Displays "Active" if all policies within the account are in active billing status or "One or more policies pending cancel or cancelled".
- Account Balance Displays the total outstanding balance for all policies within the account, including those that are in a non-pay pending cancellation status.
- Last Payment Date Displays the date the last payment was received for the account.
- Minimum Due From Last Invoice Shows the minimum amount due from the last invoice.
- **Due Date** Displays the due date for the minimum due.
- Invoice Balance Shows the invoice amount due or "Paid" if payment has been received.
- Make Payment or Pay Now When clicking on the "Make Payment" or "Pay Now" option, the "Make Payment" screen will appear, displaying the account name, number and the dollar amount prefilled on the screen. Payment options include payment by policyholder eCheck or agent eCheck, or payment by credit card. Payments for policies in cancellation for non-payment status should be made using the "Pay Now" button.
- **Policies for This Account** Displays the list of policies that are either actively billing, in pending cancellation status or that have been cancelled.

Policy Detail Screen

| | | | E Infor | ILLING INQUIR mation as of Last Busines | Y s Day | | | | |
|------------|---|--|----------------|--|-----------------|--|---------------------------------------|------------|-------------------|
| Aci | count Number: A00098765 Iccount Name: JOHN P SM JANE G WE 100 CREEK FORT MEYE | 4 ITH SSON SIDE BLVD RS, FL 33908-3390 | | | Agency Name | I: GREAT INSUE 360 MAIN STE BUFFALO, N | RANCE COMPANY, INC REET (14202 | (12345) | |
| Ac | account Summary | Policy Detail | ansaction Hist | ory Installment Sc | hedule Pa | yment Details | Account Balance | : \$5,401 | .45 |
| Active: | | | POLICIE | ES FOR THIS ACC | OUNT | | | | |
| Policy # | Policy Term | Total Premium | Total Paid | Total Balance* | Last P Amoun | ayment it / Date | Minimum Due | Due Date | Policy Payment |
| BOPI010101 | 11-30-2018 - 11-30-2019 | \$7,602.00 | \$4,270.55 | \$3,331.45 | \$666.29 | 10-24-2018 | \$666.29 | 11-24-2018 | Pay Now |
| CAPI020202 | 11-30-2018 - 11-30-2019 | \$1,892.00 | \$1,103.95 | \$788.05 | \$157.61 | 10-24-2018 | \$157.61 | 11-24-2018 | Pay Now |
| | 11-30-0018 - 11-30-0019 | \$3,078.00 | \$1,796.05 | \$1,281.95 | \$256.39 | 10-24-2018 | \$256.39 | 11-24-2018 | Pay Now |
| WCA1030303 | X | | | | | | | | |

Clicking on the "Policy Detail" tab will display the following:

Pay Now – When clicking on the "Pay Now" option, the make payment screen will appear displaying the policy number and the dollar amount filled in on the screen. By selecting "Pay Now" you are making a payment for the policy only.

When using this option, payment will be made to the policy, not to the account.

Note: The insured is only allowed to make a payment equal to or greater than the minimum due. The agent has the ability to make a payment less than the minimum amount due. This should only be used when the insured is unable to pay the full amount due on an account.

Transaction History Screen

When selecting the "Transaction History" tab, you and the insured will be given a quick and easy view of the account/policy.

There are multiple filters within the "Transaction History" tab. Filtering can be done by policy number, date range and transaction type. The "Transaction History" contains 24 months of transaction activity for all policies within the account.

A "Billing History" report can be obtained on policies in effect more than 24 months by selecting "Greater than 24 months" in the "Date Range Column".

Features of the "Transaction History" screen include:

- Chronological view of all premium, invoice (insurance bill) and payment activity for all policies within the account for the past 24 months.
- The ability to filter by policy, transaction type and date.
- The ability to access an invoice (insurance bill) or policy transaction by clicking on the "View" button next to each transaction. A PDF of either the invoice (insurance bill) or policy transaction will appear.
- The ability to print "Transaction History".



Clicking a document link on the "Transaction History" screen will pull up an insurance bill:

| Billing Date: 09/ | 26/2018 | 0.1001 | | Account Number | 400000007 |
|--|--|---|--|---|---|
| | | | | Payment must be | 10/18/2018 |
| Insured: | | | | To pay in full | \$2 245 00 |
| BEV | TEST P939 | | | Amount due* | \$2,245.00 |
| 152 SOUT | ALLEN ROAD TH BURLINGTON, | VT 05403-3804 | | * A \$7.00 fee will be charge | ed for each installment. |
| Merchante insur TEST AGENT ap If you have cove your agent at 71 | ance Group and y preciate your bus rage questions, pi 6-999-9999. | our Independent A InessI Iease contact | Bi Igent Mi | Iling questions? Call 800- erchants offers the followi Electronic Funds Transfer ePolicy and eBill Delivery Online Payment Smartphone Payment | 462-8182. ng options: (EFT) |
| | | 10001 | PI | ease go to <u>www.merchant</u> | sgroup.com. |
| olicy Number | Policy Tup | ACCOUN | Policy Period | Policy Balance | Amount Due |
| oncy radinber | Business Aut | omobile | 10/01/2018 To 10/01/2 | 2019 \$727.00 | \$727.00 |
| APP939BPC | | a sea a la Illa | 10/01/2018 To 10/01/ | \$1,518.00 | \$1,518.00 |
| APP939BPC APP939BPE nstallment Fee | Business Auto | omobile | | | \$7.00 |
| APP939BPC APP939BPE Installment Fee TOTAL | Business Aut | | | \$2,245.00 | \$7.00 \$2,252.00 |
| APP939BPC APP939BPE nstallment Fee TOTAL | Business Aut | DN WITH YOUR PAYME | NT. WRITE YO | \$2,245.00 | \$7.00 \$2,252.00 |
| APP939BPC APP939BPE Installment Fee TOTAL | Business Auto | | NT. WRITE YO | \$2,245.00 | \$7.00 \$2,252.00 CK FOR ACCURATE PROCESSIN A000000987 |
| APP939BPC APP939BPE Installment Fee TOTAL | Business Aut | DN WITH YOUR PAYMEN PAYMENT CO Return with | NT. WRITE YO DUPON th payment. | \$2,245.00 | \$7.00 \$2,252.00 CK FOR ACCURATE PROCESSIN A000000987 10/18/2018 |
| APP939BPC APP939BPE Installment Fee TOTAL DETACH HERE AND RE MINEURAN Insured: BEV TEST 6 | TURN BOTTOM PORTICE | ON WITH YOUR PAYMEN PAYMENT CO Return with | NT. WRITE YO DUPON th payment. | \$2,245.00 UR ACCOUNT NUMBER ON YOUR CHER Account Number Payment must be received by To pay in full | \$7.00 \$2,252.00 CK FOR ACCURATE PROCESSIN A000000987 10/18/2018 \$2,245.00 |
| APP939BPC APP939BPE Installment Fee TOTAL DETACH HERE AND RE MERC Insured: BEV TEST F | TURN BOTTOM PORTICE CHANTS ICE GROUP | ON WITH YOUR PAYMEN PAYMENT CO Return with | NT. WRITE YO DUPON th payment. | \$2,245.00 WR ACCOUNT NUMBER ON YOUR CHEC Account Number Payment must be received by To pay in full Amount due | \$7.00 \$2,252.00 CK FOR ACCURATE PROCESSIN A000000987 10/18/2018 \$2,245.00 \$2,252.00 |
| APP939BPC APP939BPE Installment Fee TOTAL DETACH HERE AND RE MERC Insured: BEV TEST F MAKE CHECK PAYAB | Business Aut TURN BOTTOM PORTIC CHANTS ICE GROUP | DN WITH YOUR PAYMEN PAYMENT CO Return wit | NT. WRITE YO DUPON th payment. | \$2,245.00 | \$7.00 \$2,252.00 \$2,252.00 \$2,252.00 \$2,252.00 \$ |
| APP939BPC APP939BPE Installment Fee TOTAL DETACH HERE AND RE MERCENT INSURAL BEV TEST F MAKE CHECK PAYAB Merchants Insu P.O. Box 4031 Buffalo, New Y | Business Aut TURN BOTTOM PORTIC CHANTS ICE GROUP 2939 LE TO AND MAIL TO: Irrance Group ork 14240 | ON WITH YOUR PAYMEN PAYMENT CO Return with | NT. WRITE YOU DUPON th payment. if your address has changed plasse check this box and complete the back of the stub. Please refer to t | \$2,245.00 WR ACCOUNT NUMBER ON YOUR CHER Account Number Payment must be received by To pay in full Amount due Amount due Amount paid A \$25 fee will apply for an A \$20 fee will apply for late the reverse side for check proce | \$7.00 \$2,252.00 \$2,252.00 \$2,252.00 \$2,252.00 \$2,252.00 \$2,252.00 \$ seturned item. • payments. realing information. |
| APP939BPC APP939BPE Installment Fee TOTAL DETACH HERE AND RE MERCE INSURAN Insured: BEV TEST F MAKE CHECK PAYAB Merchants Insu P.O. Box 4031 Buffalo, New Y FOR INTER | Business Aut TURN BOTTOM PORTIC CHANTS ICE GROUP 2939 LE TO AND MAIL TO: Irrance Group ork 14240 RNAL USE ON | DN WITH YOUR PAYMEN PAYMENT CO Return with [| NT. WRITE YON DUPON th payment. if your address has changed please check this box and complete the back of the stub. Please refer to t 98700000000111 | \$2,245.00 | \$7.00 \$2,252.00 \$2,252.00 \$ A000000987 10/18/2018 \$2,245.00 \$ \$2,252.00 \$ eturned item. • payments. reaing information. |

Installment Schedule Tab

The "Installment Schedule" tab shows you the due date and policy pay plan for each policy under the account. In addition, any fees that apply are listed along with the total amount due.

| Account Summary Policy De | tail Transac | tion History | Installment | Schedule | Payment De | tails Billable Party | Invoices |
|---------------------------|------------------------|---------------------------|---------------------------|-------------|------------------------|----------------------|----------|
| Ref | ects all remainin | ig installments ir | ncluding unpaid | installment | s and adjustment | ts. | |
| | Payment Due Date | СМР0000000 10 Pay Plan | CUP0000001 10 Pay Plan | Fee | Total Amount Due | | |
| | 12/03/2018 | \$17325.12 | \$4439.81 | \$7.00 | \$21,771.93 | | |
| | 01/03/2019 | \$5331.29 | \$1973.49 | \$0.00 | \$7304.78 | | |
| | 02/03/2019 | \$5331.29 | \$1973.49 | \$0.00 | \$7304.78 | | |
| | 03/03/2019 | \$5331.29 | \$1973.49 | \$0.00 | \$7304.78 | | |
| | 04/03/2019 | \$5331.29 | \$1973.49 | \$0.00 | \$7304.78 | | |
| | 05/03/2019 | \$5331.29 | \$1973.49 | \$0.00 | \$7304.78 | | |
| | 06/03/2019 | \$5331.29 | \$1973.49 | \$0.00 | \$7304.78 | | |
| | 07/03/2019 | \$5331.29 | \$1973.49 | \$0.00 | \$7304.78 | | |
| | 08/03/2019 | \$5325.29 | \$1973.49 | \$0.00 | \$7298.78 | | |
| | 09/03/2019 | \$0.00 | \$1971.27 | \$0.00 | \$1971.27 | | |

Billable Party Screen

The "Billable Party" screen will display the name the account is billed to. This could be the insured, third party or mortgagee, etc.

| | BILLING INC | |
|---|--|--|
| Assount Namber: ACCCOCCOSE? Account Name: BEV TEST PD36 152 ALLEN ROAD SOUTH BURLINGTON, VT 05403-3804 | | Agency Name: TEST AGENT (00111) 250 MAN ST BLFFALO, NY 14202 |
| E | account Summary Policy Detail Transaction History Installin | ent Schedule Payment Details Elilable Party Involces |
| | Elling Nene: BEV TEST P929 Address: 152 ALERN RCAD SOUTH BURLING | TCN, VT 05483-3804 |
| | Contact Us | |

Invoices (Insurance Bills) Screen

The "Invoices Screen" displays all types of invoices (insurance bills) generated under the account/policy number. Invoice types include:

- Insurance Bills
- EFT Statement
- Cancellation Invoice
- Past Due Return Payment
- Unpaid Prior Balance
- Collection Notice
- Premium Audit Notice

Clicking in the "View Invoice" column for one of the invoices (insurance bills) will bring up a PDF document such as the one shown on the following page.

| The Invoices Tab screen displ invoices for this account. The invoice date, type and a docu | ays a list of list includes ment link. | |
|--|--|---|
| Assount Number: A0000000007 Absount Name: REV TEST P930 152 ALIEN ROAD SOUTH BURGINGTON, VT 05403-3804 Account S | BILLING INQUIRY Internation as of Last Business Day ummary Policy Detail Transaction History Installiment Schedule Payment | Agency Name: TEST AGENT (00111) 250 MAN ST BUPPALO, NY 14202 Cotats Billiable Party Invoices |
| | Involee Data Involee Type Ver 10/25/2018 Cancellation Involce 10/25/2018 Cancellation Involce 10/25/2018 Cancellation Involce 10/25/2018 Installment Involce | a mucios a p |
| | Contact Us Email | Click a document link to display a PDF version of the invoice. See example invoice on the following page. |

| Billi | ng Date: 09/26 | 5/2018 | | | | Account Number | A00000987 |
|----------------------------------|---|---|--|--|--|---|--|
| | | | | | 10000 | Payment must be received by | 10/18/2018 |
| Ins | sured: | | | | | To pay in full | \$2,245.00 |
| | BEV 1 | EST P939 | | | 0 | Amount due* | \$2,252.00 |
| Mer | SOUTH | I BURLINGTON, VI | 「 05403-3804 ur Independent / | Agent | * Billing Mercha | A \$7.00 fee will be charg questions? Call 800 ants offers the follow | ged for each installmen)-462-8182. ving options: |
| TES If yo you | ST AGENT app ou have cover ir agent at 716 | reciate your busin age questions, plei .099-0999. | ossi aso contact | | • (• (• (| Electronic Funds Transfe ePolicy and eBill Delivery Online Payment Smartphone Payment on to work merchan | r (EFT) |
| | | | ACCOUN | | ACTIV | ITY | tagroup.com. |
| Policy | Number | Policy Type | | Policy P | eriod | Policy Balance | e Amount D |
| r Olicy | | Ducinese Autor | nahila | 10/01/2018 To | 10/01/2019 | \$727.00 | \$727.00 |
| CAPPS CAPPS Installr | 939BPC 939BPE ment Fee | Business Autor | nobile | 10/01/2018 To | 10/01/2019 | \$1,518.00 | \$1,518.00 |
| CAPPS CAPPS Installr TO | 939BPC 939BPE ment Fee DTAL | Business Autor | nobile | 10)01/2018 To | 10/01/2019 | \$1,518.00 \$2,245.00 | \$1,518.00 \$7.00 \$2,252.00 |
| CAPPS CAPPS Install | 939BPC 939BPE ment Fee DTAL | Business Autor | nobile | 10)01/2018 To | 10/01/2019 | \$1,518.00 \$2,245.00 | \$1,518.00 \$7.00 \$2,252.00 |
| CAPPS CAPPS Install TO | | JUSINESS AUTOR Business Autor | WITH YOUR PAYME | 10/01/2018 To | 10/01/2019 | \$1,518.00 \$2,245.00 COUNT NUMBER ON YOUR CHI Account Number | \$1,518.00 \$7.00 \$2,252.00 ECK FOR ACCURATE PROCE A000000987 |
| | | JRN BOTTOM PORTION | WITH YOUR PAYME PAYMENT CO Return wi | 10)01/2018 То | 10/01/2019 | COUNT NUMBER ON YOUR CH Account Number Payment must be received by | \$1,518.00 \$7.00 \$2,252.00 |
| | H HERE AND RETURNSURANCE | JRN BOTTOM PORTION | WITH YOUR PAYME PAYMENT CO Return wi | 10)01/2018 То мт. у DUPON th payment. | 10/01/2019 | \$1,518.00 \$2,245.00 COUNT NUMBER ON YOUR CH Account Number Payment must be received by To pay in full | \$1,518.00 \$7.00 \$2,252.00 \$2,252.00 \$2,252.00 \$2,252.00 \$2,252.00 \$2,252.00 |
| | H HERE AND RETU MERCINSURANCE SUITEST PS | JRN BOTTOM PORTION | WITH YOUR PAYME PAYMENT CO Return wi | 10)01/2018 To | 10/01/2019 | \$1,518.00 \$2,245.00 couwr NUMBER OW YOUR CH Account Number Payment must be received by To pay in full Amount due | \$1,518.00 \$7.00 \$2,252.00 ECK FOR ACCURATE PROCE A000000987 10/18/2018 \$2,245.00 \$2,252.00 |
| | | JRN BOTTOM PORTION HANTS CE GROUP | WITH YOUR PAYME PAYMENT CO Return wi | NT. | VRITE YOUR AC | COUNT NUMBER ON YOUR CH Account Number Payment must be received by To pay in full Amount due Amount paid | \$1,518.00 \$7.00 \$2,252.00 \$2,252.00 \$2,252.00 \$2,252.00 \$ |
| | H HERE AND RETU MERCI MERCI MERCI MERCI MERCI SURANCE | JRN BOTTOM PORTION HANTS JE GROUP 339 | WITH YOUR PAYME PAYMENT CO Return wi | 10/01/2018 To | VRITE YOUR AC changed ox and t the slub. A efer to the re | \$1,518.00 \$2,245.00 \$2,245.00 COUNT NUMBER ON YOUR CH Account Number Payment must be received by To pay in full Amount due Amount due Amount paid \$25 fee will apply for a \$20 fee will apply for a \$20 fee will apply for a | \$1,518.00 \$7.00 \$2,252.00 \$2,252.00 A00000987 10/18/2018 \$2,245.00 \$ \$ returned item. to payments. essing information. |
| | H HERE AND RETU MERCI ME | JRN BOTTOM PORTION HANTS E GROUP 339 TO AND MALTO: ance Group rk 14240 NAL USE ONL | WITH YOUR PAYME PAYMENT CO Return wi | 10/01/2018 To | changed white your Acc changed ox and withe slub. A effer to the re 10111 | \$1,518.00 \$2,245.00 \$2,245.00 COUNT NUMBER ON YOUR CHI Account Number Payment must be received by To pay in full Amount due Amount due Amount paid \$25 fee will apply for a \$20 fee will apply for la verse side for check proc | \$1,518.00 \$7.00 \$2,252.00 \$2,252.00 A00000987 10/18/2018 \$2,245.00 \$2,252.00 \$ <i>roturnod itom.</i> <i>to payments.</i> <i>iosaing information.</i> |