



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%	<ul style="list-style-type: none"> 100% payment at the beginning of the policy 	<ul style="list-style-type: none"> Any policy Short-term policies - 1-3 months duration 	<ul style="list-style-type: none"> Any policy
Two	60%	<ul style="list-style-type: none"> Initial payment of 60% 40% balance due 60 days later 	<ul style="list-style-type: none"> MAP® Contractors Short-term policies - 4-6 months duration 	<ul style="list-style-type: none"> 6 month private passenger auto
Three	40%	<ul style="list-style-type: none"> Initial payment of 40% Second payment of 30% due 90 days later Final payment of 30% due 90 days after that 	<ul style="list-style-type: none"> Short-term policies- 7-11 months duration 	<ul style="list-style-type: none"> N/A
Quarterly	25%	<ul style="list-style-type: none"> Initial payment of 25% percent Additional 25% every three months thereafter 	<ul style="list-style-type: none"> Any policy⁺⁺⁺ 	<ul style="list-style-type: none"> Any policy
Ten	20%	<ul style="list-style-type: none"> Initial payment of 20% Remaining premium divided into nine equal installments 	<ul style="list-style-type: none"> Any policy⁺⁺⁺ 	<ul style="list-style-type: none"> Any policy
Twelve	8.37%	<ul style="list-style-type: none"> Initial payment of 8.37% Remaining premium divided into eleven equal installments of 8.33% 	<ul style="list-style-type: none"> Any policy⁺⁺⁺ EFT only⁺⁺ 	<ul style="list-style-type: none"> Any policy EFT only⁺⁺
MIGPay_{sm}	0%	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Workers' Comp only Premium must be greater than \$2,500 No short-term policies No certificate only policies in MI, NY 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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. A single/full pay plan is not assessed an installment fee. 	\$7 - Commercial Lines \$5 - Personal Lines	On each insurance bill when at least one non-EFT policy is listed
EFT Fee	<ul style="list-style-type: none"> 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. If all policies listed in the insurance bill are enrolled in EFT, no installment fee will be charged. 	All Lines of Business & States - \$1	On each insurance bill when at least one EFT policy is listed
Late Fee	<ul style="list-style-type: none"> 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 the cancellation notice the late fee will be billed on the next insurance bill. 	NJ - \$0 VT - \$10 All Other States- \$20	On the first insurance bill following the insured's payment of a pending cancellation amount
Return Item Fee	<ul style="list-style-type: none"> 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 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. 	NJ - \$8 All Other States- \$25	On the past due insurance bill generated when the return item is posted

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 is reached.

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	<ul style="list-style-type: none">• Payments are mailed to: Merchants Insurance Group P.O. Box 4031 Buffalo, NY 14240-4031
Phone	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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 <i>Appendix C</i> for sample screens.
Smart Device App	<ul style="list-style-type: none">• 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 <i>Appendix D</i> for sample screens.

Payment Types

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

Check or Money Order	<ul style="list-style-type: none"> Traditional paper payment received via postal mail
eCheck	<ul style="list-style-type: none"> <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 <i>Appendix C</i> for sample screen prints.

<p>EFT (Electronic Funds Transfer)</p>	<ul style="list-style-type: none"> • An automatic <u>recurring</u> payment program where Merchants Insurance Group 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 <i>Appendix B</i> for sample screens and forms for EFT sign-up and EFT changes.
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Credit Card	<ul style="list-style-type: none"> • 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 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, 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 <i>Appendix C</i> for sample screens for processing a credit card payment.
MIGPay _{sm}	<ul style="list-style-type: none"> • ACH payments are processed by our 3rd 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 equals the amount billed on the insurance bill.	<ul style="list-style-type: none">• 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 less than the amount billed on the insurance bill.	<ul style="list-style-type: none">• 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 greater than the amount billed on the insurance bill.	<ul style="list-style-type: none">• 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.

How Can You Review Billing Information and Get Answers to Billing Questions?

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	<p>This screen provides the following:</p> <ul style="list-style-type: none">• 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	<p>This screen provides the policy detail and the ability to make a payment at the policy level.</p> <p>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.</p>
Transaction History	<p>Features of this screen include the following:</p> <ul style="list-style-type: none">• 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	<p>This screen provides a summary of all remaining installments and fees for any policies within the account.</p>
Payment Details Tab	<p>This screen provides a summary of payments made for any payments within the account.</p>
Billable Party	<p>This screen displays the name the account/policy is billed to. This could be the insured, third party or mortgagee, etc.</p>
Invoices (Insurance Bills)	<p>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.</p>

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

Insured:

BEV TEST P939
152 ALLEN ROAD
SOUTH BURLINGTON, VT 05403-3804

*Merchants Insurance Group and your Independent Agent
TEST AGENT appreciate your business!*

*If you have coverage questions, please contact
your agent at 716-999-9999.*

COMMERCIAL INSURANCE BILL

Account Number	A000000987
Payment must be received by	10/18/2018
To pay in full	\$2,245.00
Amount due*	\$2,252.00

* A \$7.00 fee will be charged for each installment.

Billing questions? Call 800-462-8182.

Merchants offers the following options:

- Electronic Funds Transfer (EFT)
- ePolicy and eBill Delivery
- Online Payment
- Smartphone Payment

Please go to www.merchantsgroup.com.

ACCOUNT BILLING ACTIVITY

Policy Number	Policy Type	Policy Period	Policy Balance	Amount Due
CAPP939BPC	Business Automobile	10/01/2018 To 10/01/2019	\$727.00	\$727.00
CAPP939BPE	Business Automobile	10/01/2018 To 10/01/2019	\$1,518.00	\$1,518.00
Installment Fee				\$7.00
TOTAL			\$2,245.00	\$2,252.00

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT.

WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK FOR ACCURATE PROCESSING.



PAYMENT COUPON
Return with payment.

Insured:

BEV TEST P939

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.

Account Number	A000000987
Payment must be received by	10/18/2018
To pay in full	\$2,245.00
Amount due	\$2,252.00
Amount paid	\$

A \$25 fee will apply for a returned item.

A \$20 fee will apply for late payments.

Please refer to the reverse side for check processing information.

FOR INTERNAL USE ONLY A0000009870000000000111

MA-156 (04-2008)

Thank You for your Payment.

PLEASE DO NOT STAPLE OR FOLD.

PLEASE DO NOT STAPLE OR FOLD.

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

Payment Due Date	Policy CAPP939BPC 01 Pay Plan Amount	Policy CAPP939BPE 01 Pay Plan Amount	Install and/or EFT Fee	Total Amount Due
11/18/2018	-	-	-	-
12/18/2018	-	-	-	-
01/18/2019	-	-	-	-
02/18/2019	-	-	-	-
03/18/2019	-	-	-	-
04/18/2019	-	-	-	-
05/18/2019	-	-	-	-
06/18/2019	-	-	-	-
07/18/2019	-	-	-	-
08/18/2019	-	-	-	-
09/18/2019	-	-	-	-
10/18/2019	-	-	-	-

Account Activity Summary The following is a summary of activity processed since your last bill for each policy.

Policy	Prior Balance	Payments Received	Policy Transactions	Adjustments	Policy Balance
CAPP939BPC	-	-	\$727.00	-	\$727.00
CAPP939BPE	-	-	\$1,518.00	-	\$1,518.00
FEES		-			\$7.00
ACCOUNT BALANCE					\$2,252.00

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.
- 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 charges 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.

<input type="checkbox"/>	Insured Name:
<input type="checkbox"/>	Street/Bldg/Apt No.:
<input type="checkbox"/>	City/State/ZIP:
<input type="checkbox"/>	Date of Change:

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

- | | |
|---|--|
| <input type="checkbox"/> Named Insured Correction | <input type="checkbox"/> Marital Status Change |
| <input type="checkbox"/> Address Correction | <input type="checkbox"/> Moved to New Address |

Sample EFT Statement



Billing Date: 10/29/2018

Insured:

JOHN SMITH
123 MAIN STREET
BUFFALO, NY 10001

EFT STATEMENT

Account Number	A000000001
Payment must be received by	11/20/2018
To pay in full	\$532.75
Amount due EFT	\$178.25

Merchants Insurance Group and your Independent Agent
GREAT INSURANCE INC. *appreciate your business!*

If you have coverage questions, please contact
your agent at 716-555-1212

Billing questions? Call 800-462-8182.
Merchants offers ePolicy and eBill Delivery.
Please go to www.merchantsgroup.com.

ACCOUNT BILLING ACTIVITY

Policy Number	Policy Type	Policy Period	Policy Balance	Amount Due
PAP0000001	Automobile	08/05/2018 To 08/05/2019	\$531.75	\$177.25
EFT Fee			\$1.00	\$1.00
TOTAL			\$532.75	\$178.25

The total amount of \$178.25 will be withdrawn directly from your financial institution on 11/20/2018.

PLEASE DO NOT RETURN BOTTOM PORTION UNLESS YOU HAVE MADE AN ADDRESS CHANGE ON THE REVERSE SIDE.



PAYMENT COUPON
This is not a bill.

Insured:

JOHN SMITH

Please mail address change to:
Merchants Insurance Group
P.O. Box 4031
Buffalo, New York 14240

Account Number	A000000001
Payments must be received by	11/20/2018
To pay in full	\$532.75
Amount due EFT	\$178.25
Amount paid \$	

A \$25 fee will apply for a returned item.

A \$20 fee will apply for late payments.

Please refer to the reverse side for check processing information.

PLEASE DO NOT STAPLE OR FOLD.

PLEASE DO NOT STAPLE OR FOLD.

FOR INTERNAL USE ONLY A00000:

MA-156 (04-2008)

Insured: JOHN SMITH

Billing Date: 10/29/2018

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

Payment Due Date	Policy PAP0000001 QT Pay Plan Amount	Install and/or EFT Fee	Total Amount Due
12/20/2018	-	-	-
01/20/2019	-	-	-
02/20/2019	\$177.25	\$1.00	\$178.25
03/20/2019	-	-	-
04/20/2019	-	-	-
05/20/2019	\$177.25	\$1.00	\$178.25
06/20/2019	-	-	-
07/20/2019	-	-	-
08/20/2019	-	-	-
09/20/2019	-	-	-
10/20/2019	-	-	-
11/20/2019	-	-	-

Account Activity Summary The following is a summary of activity processed since your last bill for each policy.

Policy	Prior Balance	Payments Received	Policy Transactions	Adjustments	Policy Balance
PAP0000001	\$709.00	\$177.25-	-	-	\$531.75
FEE8		\$1.00-			\$1.00
ACCOUNT BALANCE					\$532.75

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.
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.

<input type="checkbox"/>	Insured Name:
<input type="checkbox"/>	Street/Bldg/Apt No.:
<input type="checkbox"/>	City/State/ZIP:
<input type="checkbox"/>	Date of Change:

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

<input type="checkbox"/> Named Insured Correction	<input type="checkbox"/> Marital Status Change
<input type="checkbox"/> Address Correction	<input type="checkbox"/> Moved to New Address

Sample Commercial Lines Premium Audit Notice



Billing Date: 10/01/2018

PREMIUM AUDIT NOTICE

Insured:

DMS P682 CLASS 1 GLP
A
A, NH 03087

* As a result of an audit, your premium has been adjusted.

* Please send us your payment with the Payment Coupon below.

* Contact your Agent if you have questions regarding audit.

Visit our web site at www.merchantsgroup.com to find out more about Merchants Insurance Group.

COMMERCIAL INSURANCE BILL

Account Number	A000000191
Payment must be received by	11/01/2018
To pay in full	\$4,174.00
Amount due*	\$4,174.00

Billing questions? Call 800-462-8182.

Merchants offers the following options:

- Electronic Funds Transfer (EFT)
- ePolicy and eBill Delivery
- Online Payment
- Smartphone Payment

Please go to www.merchantsgroup.com.

ACCOUNT BILLING ACTIVITY

Policy Number	Policy Type	Policy Period	Policy Balance	Amount Due
GLPP682001	Commercial Liability	11/01/2018 To 11/01/2019	\$4,174.00	\$4,174.00
TOTAL			\$4,174.00	\$4,174.00

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT.

WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK FOR ACCURATE PROCESSING.



PAYMENT COUPON
Return with payment.

Insured:

DMS P682 CLASS 1 GLP

PREMIUM AUDIT NOTICE

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 reverse side for check processing information.

Account Number	A000000191
Payment must be received by	11/01/2018
To pay in full	\$4,174.00
Amount due	\$4,174.00
Amount paid	\$

A \$25 fee will apply for a returned item.

A \$20 fee will apply for late payments.

FOR INTERNAL USE ONLY GLPP682001110118000111

MA-156 (04-2008)

Thank You for your Payment.

PLEASE DO NOT STAPLE OR FOLD.

PLEASE DO NOT STAPLE OR FOLD.

Payment Schedule (Any recent changes to your policy will be reflected in future billings.)**Account Activity Summary** The following is a summary of activity processed since your last bill for each policy.

Policy	Prior Balance	Payments Received	Policy Transactions	Adjustments	Policy Balance

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.
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.

<input type="checkbox"/>	Insured Name:
<input type="checkbox"/>	Street/Bldg/Apt No.:
<input type="checkbox"/>	City/State/ZIP:
<input type="checkbox"/>	Date of Change:

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

<input type="checkbox"/>	Named Insured Correction
<input type="checkbox"/>	Address Correction

<input type="checkbox"/>	Marital Status Change
<input type="checkbox"/>	Moved to New Address

Sample Cancellation Invoice



Mail Date: 11/05/2018

CANCELLATION INVOICE

Insured:

P1083 NH
PO BOX 141
TEMPLE, NH 03084-0141

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:

- Electronic Funds Transfer (EFT)
- ePolicy and eBill Delivery
- Online Payment
- Smartphone Payment

Please go to www.merchantsgroup.com.

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT.

WRITE YOUR POLICY NUMBER ON YOUR CHECK FOR ACCURATE PROCESSING.



COMMERCIAL CANCELLATION PAYMENT COUPON *Return with payment.* CANCELLATION INVOICE

Insured:

P1083 NH

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

PLEASE DO NOT STAPLE OR FOLD.

PLEASE DO NOT STAPLE OR FOLD.

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 reverse side for check processing information.

FOR INTERNAL USE ONLY CUP1083P01103118000111

MA-156 (04-2008)

Thank You for your Payment.

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.

<input type="checkbox"/>	Insured Name:
<input type="checkbox"/>	Street/Bldg/Apt No.:
<input type="checkbox"/>	City/State/ZIP:
<input type="checkbox"/>	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

Sample Past Due Return Payment



Billing Date: 09/27/2018

PAST DUE RETURN PAYMENT

Insured:

JANE SMITH
99 NORTH
OLD TOWN, MA 00001

Dear Customer:

* Your payment has been returned. We have charged your account a \$25.00 returned item fee.

* If another payment is returned to us for any reason, you may no longer qualify for installments or EFT and your policy balance will be due in full.

COMMERCIAL INSURANCE BILL

Account Number	A000000001
Payment must be received by	NOW
To pay in full	\$734.39
Amount due*	\$734.39

* A \$7.00 fee will be charged for each installment.

Billing questions? Call 800-462-8182.

Merchants offers the following options:

- Electronic Funds Transfer (EFT)
- ePolicy and eBill Delivery
- Online Payment
- Smartphone Payment

Please go to www.merchantsgroup.com.

ACCOUNT BILLING ACTIVITY

Policy Number	Policy Type	Policy Period	Policy Balance	Amount Due
BOP0000001	Businessowners	09/21/2018 To 09/21/2019	\$707.39	\$707.39
Installment Fee			\$2.00	\$2.00
Returned Item Fee			\$25.00	\$25.00
TOTAL			\$734.39	\$734.39

* If your policy is set up for EFT Payments, should this "Past Due - Return Payment" invoice remain unpaid as of the due date of your next payment, this amount will be added to your next EFT payment and be withdrawn from your account.

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT.

WRITE YOUR POLICY NUMBER ON YOUR CHECK FOR ACCURATE PROCESSING.



PAYMENT COUPON
Return with payment.

Insured:

JANE SMITH

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

Account Number	A000000001
Payment must be received by	NOW
To pay in full	\$734.39
Amount due	\$734.39
Amount paid	\$

A \$25 fee will apply for a returned item.
A \$20 fee will apply for late payments.

PLEASE DO NOT STAPLE OR FOLD

PLEASE DO NOT STAPLE OR FOLD

FOR INTERNAL USE ONLY A9000

0

MA-156 (09-2011)

Thank You for your Payment.

Sample Unpaid Prior Balance



UNPAID PRIOR BALANCE

JOHN SMITH
JANE SMITH
PO BOX 11
LAKE ERIE, NY 00100

4-B3

Date of Notice	09/27/2018
Unpaid Balance	\$100.33
Due No Later Than	10/10/2018
Policy Number	PAPI000001

A \$25 fee will be charged for
checks returned by your bank

AGENT: GREAT AGENCY INC.
716-555-1212

**Why are you
getting this
notice?**

Our records indicate that there is an unpaid balance of \$100.33 owed on the Automobile Insurance policy # PAPI0000001. This policy was in force from 03/04/2018 to 09/27/2018. As of the date of this notice, we have not received your payment and your account is past due.

**What action
is required?**

IF YOU DISAGREE with this notice, call us at 1-800-462-1077 to discuss this situation. If your coverage was replaced by another carrier prior to date of 09/27/2018 you must supply our office with proof of coverage, eg. the declarations page, from the other carrier. This proof of coverage will allow us to adjust your outstanding balance as appropriate.

IF YOU AGREE with this notice, please send us your payment along with the payment coupon below by 10/10/2018 to avoid further action.

**Your
Merchants
Insurance
contact is . . .**

Please contact the following Merchants representative. We will try to work with you to resolve this matter.

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT.

WRITE YOUR POLICY NUMBER ON YOUR CHECK FOR ACCURATE PROCESSING.



PAYMENT COUPON
- Return with payment

UNPAID PRIOR BALANCE

Insured:

JOHN SMITH
JANE SMITH

MAKE CHECK PAYABLE TO AND MAIL TO:

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

Unpaid Balance	\$100.33
Due No Later Than	10/10/2018
Policy Number	PAPI000001
Amount Paid	\$

A \$25 fee will be charged for
checks returned by your bank

FOR INTERNAL USE ONLY PAPI000001

DO NOT STAPLE OR FOLD



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 Collection Notice



COLLECTION NOTICE

P1098 RENEWAL
85 PEARL ST
BUFFALO, NY 14202-4105

7-B3

Date of Notice	09/27/2018
Unpaid Balance	\$41,962.00
Due No Later Than	10/11/2018
Policy Number	WCA1098P04

A \$25 fee will be charged for
checks returned by your bank

AGENT: TEST AGENT
(00111) 716-999-9999
MPIC WSBC9

**Why are you
getting this
notice?**

Our records indicate that there is an unpaid balance of \$41,962.00 owed on the Workers Compensation insurance policy # WCA1098P04. This policy was in force from 08/22/2017 to 08/22/2018. As of the date of this notice, we have not received your payment and your account is past due.

**Why should
you act
immediately?**

If you fail to settle this matter now, your account may be forwarded to our outside collection sources. This may negatively affect your credit rating and cause you to incur additional costs.

**What action
is required?**

You need to submit the outstanding balance of \$41,962.00, which must be received in our office by 10/11/2018. Complete the Payment Coupon below and mail it with your payment in the envelope provided.

**Your
Merchants
Insurance
contact is . . .**

Please contact the following Merchants representative at 1-800-462-1077. We will try to work with you to resolve this matter.

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT.

WRITE YOUR POLICY NUMBER ON YOUR CHECK FOR ACCURATE PROCESSING.



PAYMENT COUPON

- Return with payment

COLLECTION NOTICE

Insured:

P1098 RENEWAL

MAKE CHECK PAYABLE TO AND MAIL TO:

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

Unpaid Balance	\$41,962.00
Due No Later Than	10/11/2018
Policy Number	WCA1098P04
Amount Paid	\$

A \$25 fee will be charged for
checks returned by your bank

FOR INTERNAL USE ONLY WCA1098P04082217000111

DO NOT STAPLE OR FOLD

DO NOT STAPLE OR FOLD



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



Billing Date: 09/27/2018

Insured:

SMITH PLUMBING LLC
123 MAIN STREET
LAKE ERIE, NY 10001

13-B4

COMMERCIAL INSURANCE BILL

Account Number	A000000011
Payment must be received by	10/19/2018
To pay in full	\$3,124.70
Amount due*	\$1,245.60

* A \$7.00 fee will be charged for each installment.

Merchants Insurance Group and your Independent Agent
GREAT INSURANCE INC. *appreciate your business!*

If you have coverage questions, please contact
your agent at 716-555-1212

Billing questions? Call 800-462-8182.

Merchants offers the following options:

- Electronic Funds Transfer (EFT)
- ePolicy and eBill Delivery
- Online Payment
- Smartphone Payment

Please go to www.merchantsgroup.com.

ACCOUNT BILLING ACTIVITY

Policy Number	Policy Type	Policy Period	Policy Balance	Amount Due
BOPI000001	Businessowners	04/15/2018 To 04/15/2019	\$3,110.70	\$1,231.60
Installment Fee			\$14.00	\$14.00
TOTAL			\$3,124.70	\$1,245.60

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT.

WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK FOR ACCURATE PROCESSING.



PAYMENT COUPON
Return with payment.

Insured:

SMITH PLUMBING LLC

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.

Account Number	A000000011
Payment must be received by	10/19/2018
To pay in full	\$3,124.70
Amount due	\$1,245.60
Amount paid	\$

A \$25 fee will apply for a returned item.

A \$20 fee will apply for late payments.

Please refer to the reverse side for check processing information.

FOR INTERNAL USE ONLY A000000011

MA-156 (04-2008)

Thank You for your Payment.

PLEASE DO NOT STAPLE OR FOLD.

PLEASE DO NOT STAPLE OR FOLD.



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

Payment Due Date	Policy BOPI0000001 10 Pay Plan Amount	Policy WCAI000011 10 Pay Plan Amount	Install and/or EFT Fee	Total Amount Due
11/19/2018	\$626.55	PEND CANCEL	\$7.00	\$633.55
12/19/2018	\$626.55		\$7.00	\$633.55
01/19/2019	\$626.00		\$7.00	\$633.00
02/19/2019				
03/19/2019				
04/19/2019				
05/19/2019				
06/19/2019				
07/19/2019				
08/19/2019				
09/19/2019				
10/19/2019				

Account Activity Summary The following is a summary of activity processed since your last bill for each policy

Policy	Prior Balance	Payments Received	Policy Transactions	Adjustments	Policy Balance
BOPI0000001	\$3,110.70	-	-	-	\$3,110.70
FEES		-			\$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.
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.

<input type="checkbox"/>	Insured Name:
<input type="checkbox"/>	Street/Bldg/Apt No.:
<input type="checkbox"/>	City/State/ZIP:
<input type="checkbox"/>	Date of Change:

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

<input type="checkbox"/> Named Insured Correction	<input type="checkbox"/> Marital Status Change
<input type="checkbox"/> Address Correction	<input type="checkbox"/> 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.

Welcome to Billing Inquiry

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: 



Policy Number: 


Insured Name: 

INFORMATION CENTER

- 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 \(Policyholder\)](#)

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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.
- A \$7 installment charge will be applied to all non-EFT commercial insurance bills.

Please allow at least 10 business days for us to process your EFT request. Once you are enrolled, your Merchants Insurance Group bill will indicate that you are on Merchants Insurance Group's EFT program.

Questions on EFT?
Please refer to our FAQ page.

It's easy to sign up!
Just fill out the form below and click "Continue."

I authorize Merchants Insurance Group and my financial institution to automatically deduct (from my checking or savings account as shown on this form) all future payments for my Merchants Insurance Group account bill. I understand the payment amount may vary based upon any changes to my Merchants Insurance Group policy. I understand that both Merchants Insurance Group and my financial institution reserve the right to terminate this authorization and my participation therein. If I choose to terminate this authorization, I will notify Merchants Insurance Group in writing.

Name of Financial Institution: *

Please Select Type of Account: * ☐ Checking Account **OR** ☐ Savings Account

Name on Account: *

Is this account Personal or Business? * ☐ Personal Account **OR** ☐ Business Account

Financial Institution Account #: * ?

Verify Financial Institution Account #: *

9-Digit ABA or Routing #: * ?

Merchants' Policy #: *

(Located in the Account Billing Activity area of your insurance bill.)

Insured Name: *

Phone #: * 1 - () - -

EFT Withdrawal Day: * Please enter days 1 through 28

☐ I agree to obtain the insured's signature and retain the signed EFT enrollment/discontinuation form in accordance with the Records Retention requirements set forth in Merchants Insurance Group Agency Agreement and applicable state law

Continue

Cancel

EFT Change

Complete the noted fields and click "Continue".



EFT is fast, easy
and convenient!

Electronic Funds Transfer(EFT) Change Form

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

Please allow at least 10 business days for us to process your EFT request.

Questions on EFT?
Please refer to our FAQ page.

It's easy to Change or Discontinue EFT!
Just fill out the form below and click "Continue."

I authorize Merchants Insurance Group and my financial institution to automatically deduct (from my checking or savings account as shown on this form) all future payments for my Merchants Insurance Group account bill. I understand the payment amount may vary based upon any changes to my Merchants Insurance Group policy. I understand that both Merchants Insurance Group and my financial institution reserve the right to terminate this authorization and my participation therein. If I choose to terminate this authorization, I will notify Merchants Insurance Group in writing.

Reason for Submission: *

☐ Change Financial Institution Information OR ☐ Discontinue EFT

Name of Financial Institution: *

Please Select Type of Account: *

☐ Checking Account OR ☐ Savings Account

Name on Account: *

Is this account Personal or Business? *

☐ Personal Account OR ☐ Business Account

Financial Institution Account #: *

?

Verify Financial Institution Account #: *

9-Digit ABA or Routing #: *

?

Merchants' Policy #: *

(Located in the Account Billing Activity area of your insurance bill.)

Insured Name: *

Phone #: *

1 - () - -

EFT Withdrawal Day: *

☒ Please enter days 1 through 28

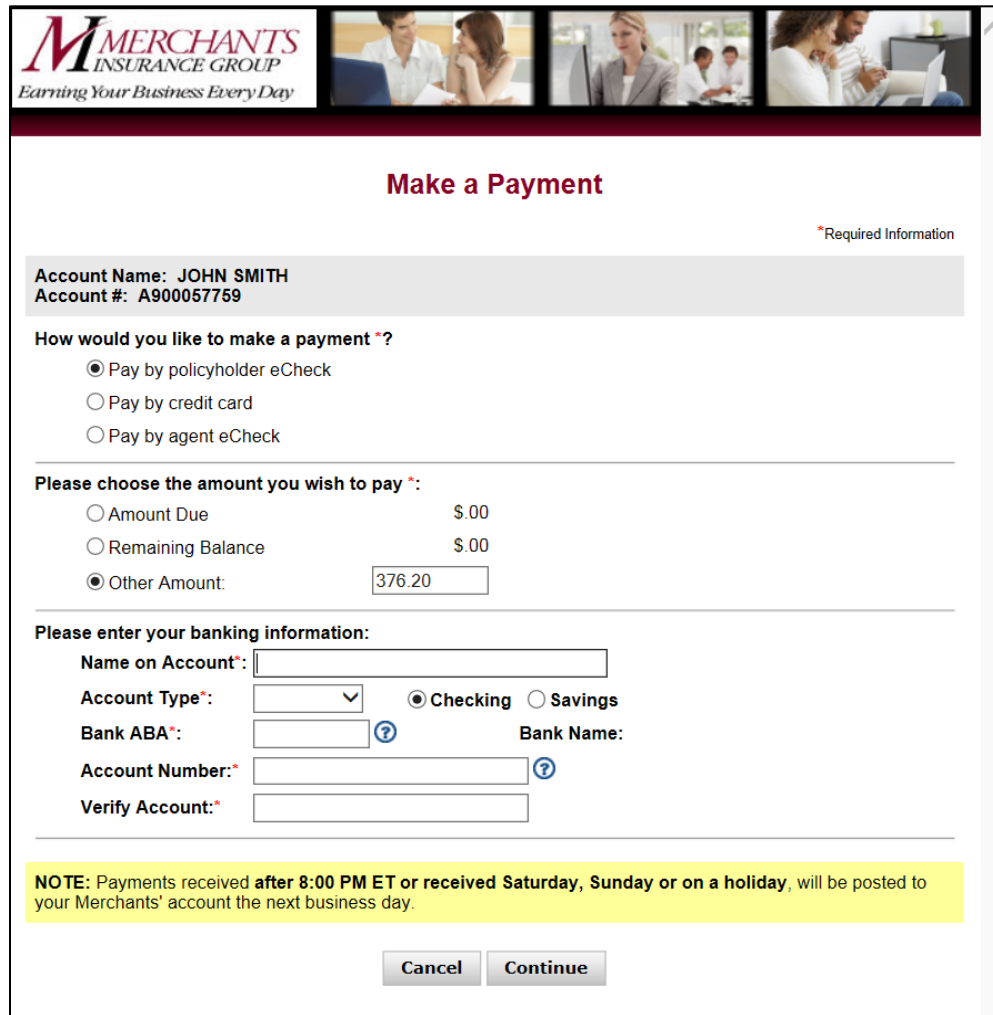
☐ I agree to obtain the insured's signature and retain the signed EFT enrollment/discontinuation form in accordance with the Records Retention requirements set forth in Merchants Insurance Group Agency Agreement and applicable state law

Continue

Cancel

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:



The screenshot shows the Merchants Insurance Group website header with the logo and tagline "Earning Your Business Every Day". Below the header is a navigation bar with four images of business professionals. The main content area is titled "Make a Payment" in red. A red asterisk indicates required information. The form displays account details for JOHN SMITH (Account #: A900057759). It offers three payment methods: "Pay by policyholder eCheck" (selected), "Pay by credit card", and "Pay by agent eCheck". Below this, it asks for the payment amount, with options for "Amount Due" (\$0.00), "Remaining Balance" (\$0.00), and "Other Amount" (376.20). The "Please enter your banking information:" section includes fields for Name on Account, Account Type (Checking selected), Bank ABA, Bank Name, Account Number, and Verify Account. A yellow note at the bottom states that payments received after 8:00 PM ET or on weekends/holidays will be posted the next business day. At the bottom are "Cancel" and "Continue" buttons.

MERCHANTS
INSURANCE GROUP
Earning Your Business Every Day

Make a Payment

*Required Information

Account Name: JOHN SMITH
Account #: A900057759

How would you like to make a payment *?

☒ Pay by policyholder eCheck
☐ Pay by credit card
☐ Pay by agent eCheck

Please choose the amount you wish to pay *:

☐ Amount Due \$ 00
☐ Remaining Balance \$ 00
☒ Other Amount: 376.20

Please enter your banking information:

Name on Account*:
Account Type*: ☒ Checking ☐ Savings
Bank ABA*: ? Bank Name:
Account Number*: ?
Verify Account*:

NOTE: Payments received after 8:00 PM ET or received Saturday, Sunday or on a holiday, will be posted to your Merchants' account the next business day.

Cancel Continue


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.

You are now leaving Merchants Insurance Group's website and are being connected to JPMorgan, our payment processor.

Convenience fees will apply. Do you want to continue?

[En Español](#)[Privacy](#)[Customer Service](#)[Exit](#)



Make a Payment - Business Account

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.

PAYMENT INFORMATION

Account Number: **A900057759**

Effective Date (mmddyy): **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 a convenience fee. The fee amount will display on the payment verification screen. You will have the opportunity to cancel this payment before the fee is charged.

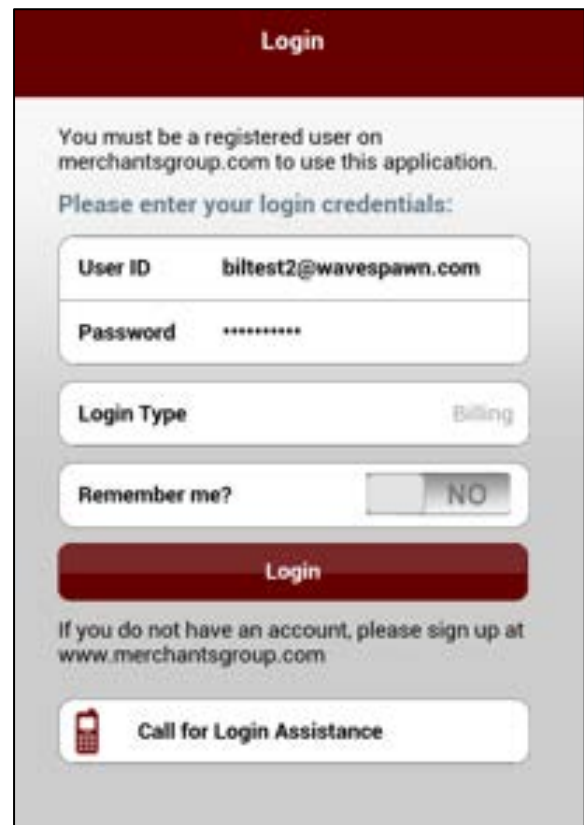
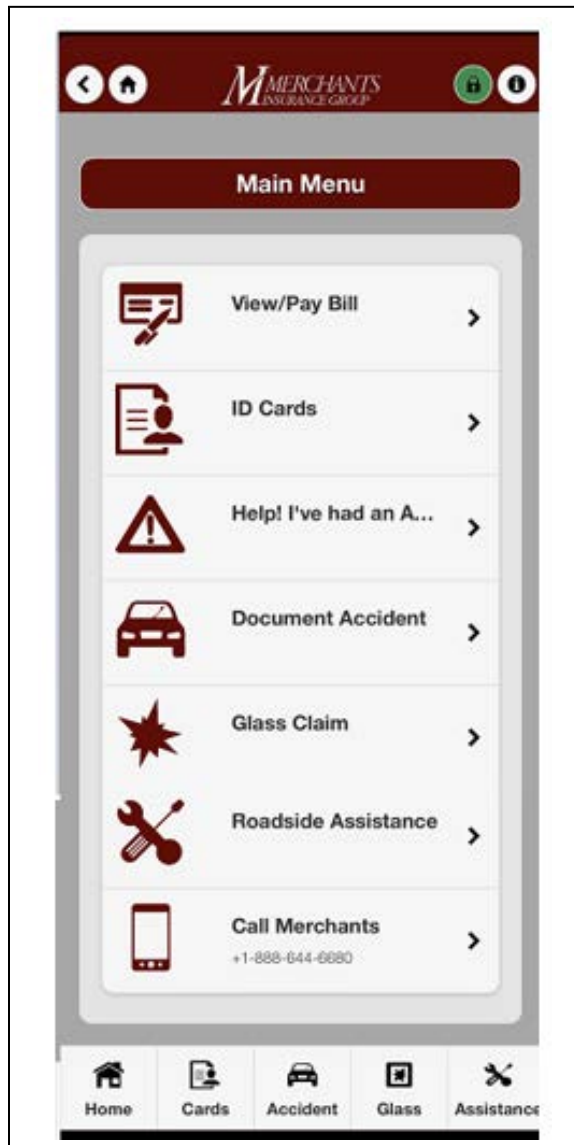
Release 16_10639 © 2002 - 2017 JPMorgan Chase Bank, N.A. [Browser Requirements](#)

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.



Making a Payment

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

Cancel **Make a Payment** History

Policy: BOP9096552, WCAI031279
Total Balance: \$1363.04
Last Payment: \$1884.00 on 02/26/2014
Amount Due: \$579.33 on 03/15/2014

Pay Amount 579.33
Savings? ☐ NO
Account Type Personal
Name on Account Name on Account
Bank ABA Bank ABA
Account Number Account Number
Save Account as Default? ☐ NO
Submit Payment

Done **Payment Approved**

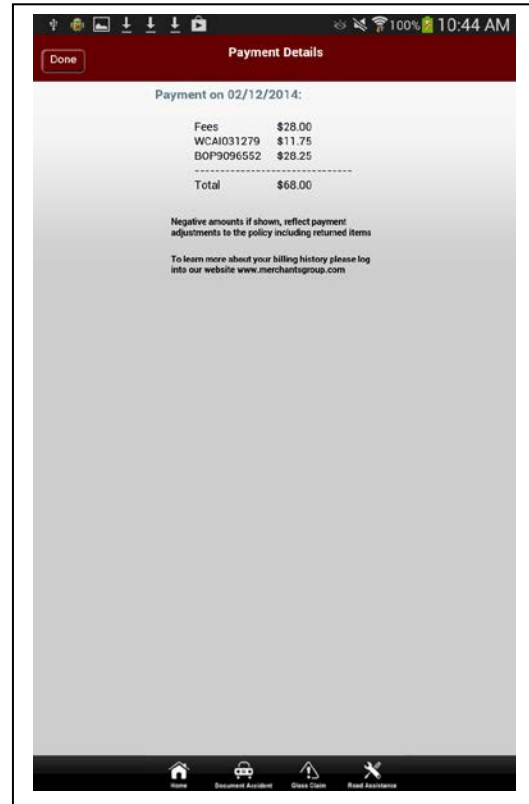
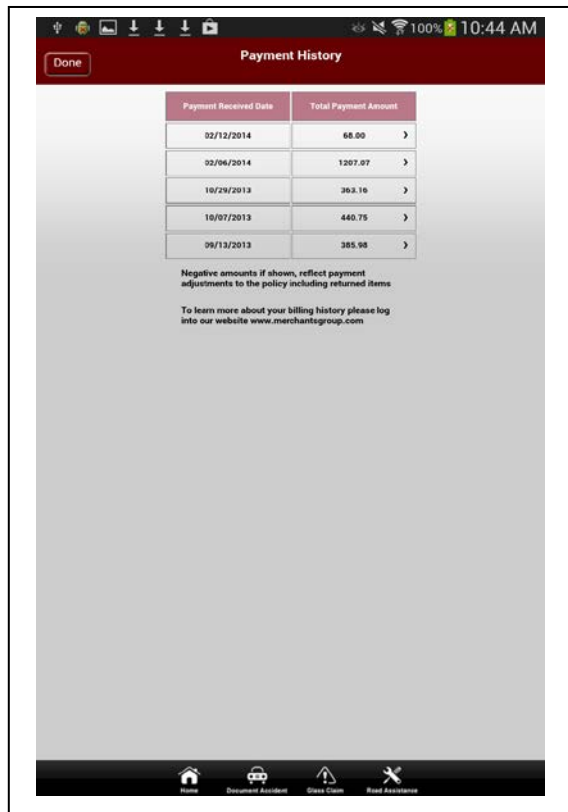
Payment was Approved!
Payment Amount: \$579.33
Date Pay: 3/4/2014
Bank Account: BANK OF AMERICA, NA
Confirmation Number: 470351
Call Merchants

- 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:




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.

Welcome to Billing Inquiry

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: 


Policy Number: 


Insured Name: 


INFORMATION CENTER

- 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

 Phone

 Email

 Live 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:

Merchants Insurance Group
Farming Your Business Every Day

BILLING INQUIRY
Information as of Last Business Day

Account Number: A00123456
Account Name: SMOOTH SAILING LTD
100 CREEKSIDE BLVD
JOHNSON, VT 05656-0565

Agency Name: GREAT INSURANCE COMPANY, INC. (12345)
350 MAIN STREET
MANCHESTER CENTER, VT 05619-0581

Return to Billing Home

Account Summary | Policy Detail | Transaction History | Installment Schedule | Payment Details | Billable Party | Invoices

Account Status: One or more policies Pending Cancel or Cancelled

Account Balance: \$984.24
Last Payment Amount: \$1,413.98
Last Payment Date: 11/15/2018
Min. Due from Last Invoice: \$497.87
Due Date: 02/14/2019
Invoice Balance: \$497.87

Make Payment

POLICIES FOR THIS ACCOUNT

Pending Cancellation:

Policy #	Type	Amount Due	Cancellation Invoice	Due Date	Policy Payment
BOF012345	Business Owners	\$446.37	View	12/13/2018	Pay Now

Active:

Policy #	Type	Payment Plan	EFT (Y/N)	Maximum Cap*
CAP0123456	Commercial Auto	10 Pay	N	\$483.87

* Does not include installment fees

Cancelled:

Policy #	Type	Policy Term	Cancel Reason	Cancel Date
WCA090909	Workers Compensation	11/15/2018 - 11/15/2019	Insured Request	12/13/2018

Callouts:

- Click "Make Payment" to display the check payment window
- Click "View" in the Cancellation invoice column to view the invoice in PDF format
- Click the policy number to navigate to the Policy Detail Screen
- Click "Pay Now" to display the check payment window

Contact Us | [Email Us](#) | [Live Help](#)

- **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

Clicking on the “Policy Detail” tab will display the following:

Merchants Insurance Group
Earning Your Business Every Day

BILLING INQUIRY
Information as of Last Business Day

Account Number: A000987654
Account Name: JOHN P SMITH
JANE G WEISSON
100 CREEKSIDE BLVD
FORT MEYERS, FL 33908-3390

Agency Name: GREAT INSURANCE COMPANY, INC. (12345)
360 MAIN STREET
BUFFALO, NY 14202

Return to Billing Home

Account Summary | **Policy Detail** | Transaction History | Installment Schedule | Payment Details | Billable Party | Invoices

Account Status: Active Account Balance: \$5,401.45

POLICIES FOR THIS ACCOUNT

Active:

Policy #	Policy Term	Total Premium	Total Paid	Total Balance*	Last Payment Amount / Date	Minimum Due	Due Date	Policy Payment
BOP010101	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
CAP020202	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
WCA030303	11-30-2018 - 11-30-2019	\$3,078.00	\$1,796.05	\$1,281.95	\$256.39 10-24-2018	\$256.39	11-24-2018	Pay Now

* Does not include installment fees

Click on the policy number to display the transaction history filtered on that specific policy

Contact Us: Phone, Email, Live Help

Click "Pay Now" to display the "Make a Payment" window

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”.

BILLING INQUIRY
Information as of Last Business Day

Account Number: A00000087
Account Name: BEV TEST P936
152 ALLEN ROAD
SOUTH BURLINGTON, VT 05403-3804

Agency Name: TEST AGENT (00111)
250 MAIN ST
BUFFALO, NY 14202

Account Summary | Policy Detail | **Transaction History** | Installment Schedule | Payment Details | Obligate Party | Invoices

Filter by: Policy: [v] Date Range: [v] Transaction Type: [v] Apply Filter Reset

Below is a 24 month history of premium bearing transactions for all policies within this account.
The listing can be filtered by any combination of policy, date range, and/or transaction type.
(NOTE: Any policy inactive listed will not display with an installment invoice.)

Policy Number	Transaction Date	Transaction Type	Amount	Invoice Due Date	View
CAPP0388PC	10/25/2018	Cancel Notice Invoice	727.00	11/14/2018	[a]
CAPP0388PE	10/25/2018	Cancel Notice Invoice	1518.00	11/14/2018	[a]
CAPP0388PC	10/24/2018	Late Fee	30.00		
CAPP0388PC	10/24/2018	Peril Cancel			[a]
CAPP0388PE	10/24/2018	Late Fee	30.00		
CAPP0388PE	10/24/2018	Peril Cancel			[a]
A00000087	9/26/2018	Premium Invoice	2250.00	10/16/2018	[a]
CAPP0388PC	9/26/2018	Renewal	727.00		[a]
CAPP0388PE	9/26/2018	Renewal	1989.00		[a]
CAPP0388PE	7/13/2018	Endowment (AP)	958.00		
CAPP0388PC	7/13/2018	New Business	127.00		
CAPP0388PE	7/13/2018	New Business	532.00		



Print this page

Contact Us

The Transaction History view displays policy/account number, transaction date, type, and if applicable, amount, invoice date and document link (see example on next page).

Easily print a listing of the transaction history.

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

		COMMERCIAL INSURANCE BILL											
Billing Date: 09/26/2018													
<u>Insured:</u> BEV TEST P939 152 ALLEN ROAD SOUTH BURLINGTON, VT 05403-3804		<table border="1"><tr><td>Account Number</td><td>A000000987</td></tr><tr><td>Payment must be received by</td><td>10/18/2018</td></tr><tr><td>To pay in full</td><td>\$2,245.00</td></tr><tr><td>Amount due*</td><td>\$2,252.00</td></tr></table>		Account Number	A000000987	Payment must be received by	10/18/2018	To pay in full	\$2,245.00	Amount due*	\$2,252.00		
Account Number	A000000987												
Payment must be received by	10/18/2018												
To pay in full	\$2,245.00												
Amount due*	\$2,252.00												
		* A \$7.00 fee will be charged for each installment.											
Merchants Insurance Group and your Independent Agent TEST AGENT appreciate your business!		Billing questions? Call 800-462-8182.											
If you have coverage questions, please contact your agent at 716-999-9999.		Merchants offers the following options: <ul style="list-style-type: none">• Electronic Funds Transfer (EFT)• ePolicy and eBill Delivery• Online Payment• Smartphone Payment Please go to www.merchantsgroup.com .											
ACCOUNT BILLING ACTIVITY													
Policy Number	Policy Type	Policy Period	Policy Balance	Amount Due									
CAPP939BPC	Business Automobile	10/01/2018 To 10/01/2019	\$727.00	\$727.00									
CAPP939BPE	Business Automobile	10/01/2018 To 10/01/2019	\$1,518.00	\$1,518.00									
Installment Fee				\$7.00									
TOTAL			\$2,245.00	\$2,252.00									
DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT.		WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK FOR ACCURATE PROCESSING.											
		PAYMENT COUPON Return with payment.											
<u>Insured:</u> BEV TEST P939		<table border="1"><tr><td>Account Number</td><td>A000000987</td></tr><tr><td>Payment must be received by</td><td>10/18/2018</td></tr><tr><td>To pay in full</td><td>\$2,245.00</td></tr><tr><td>Amount due</td><td>\$2,252.00</td></tr><tr><td>Amount paid</td><td>\$</td></tr></table>		Account Number	A000000987	Payment must be received by	10/18/2018	To pay in full	\$2,245.00	Amount due	\$2,252.00	Amount paid	\$
Account Number	A000000987												
Payment must be received by	10/18/2018												
To pay in full	\$2,245.00												
Amount due	\$2,252.00												
Amount paid	\$												
MAKE CHECK PAYABLE TO AND MAIL TO: Merchants Insurance Group P.O. Box 4031 Buffalo, New York 14240		<input type="checkbox"/> If your address has changed please check this box and complete the back of the stub. A \$25 fee will apply for a returned item. A \$20 fee will apply for late payments. Please refer to the reverse side for check processing information.											
FOR INTERNAL USE ONLY A0000009870000000000111													
MA-156 (04-2008)		Thank You for your Payment.											

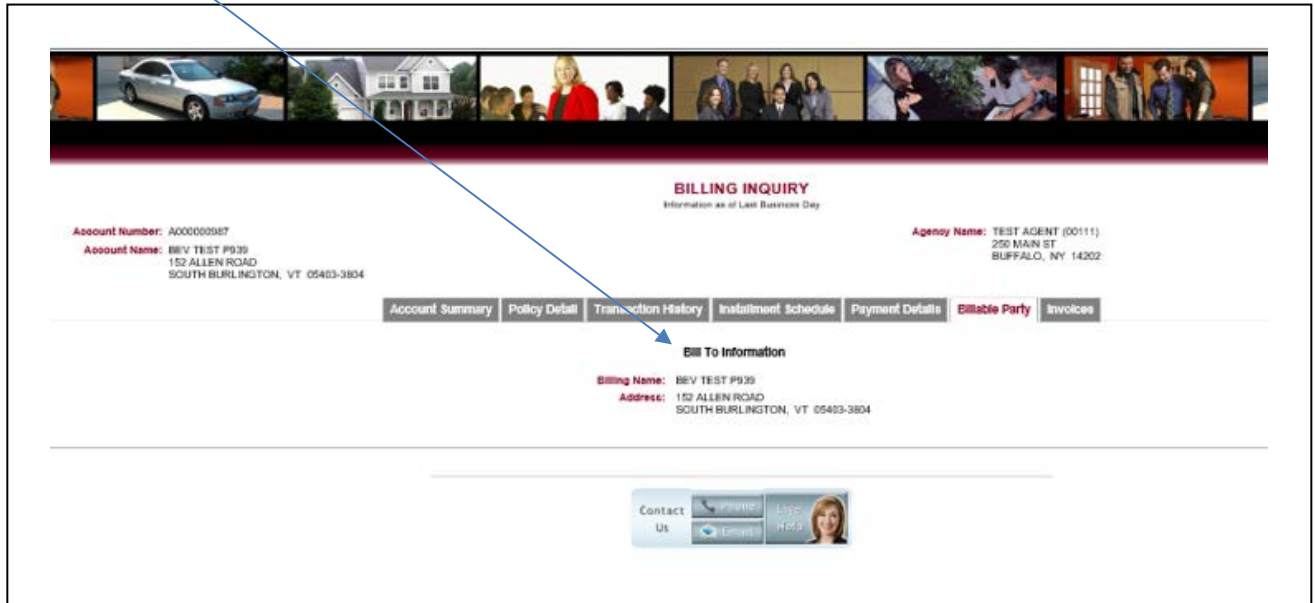
Installment Schedule Tab

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 Detail	Transaction History	Installment Schedule	Payment Details	Billable Party	Invoices
Reflects all remaining installments including unpaid installments and adjustments.						
Payment Due Date	CMP0000000 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.



The screenshot shows a web application interface for a "BILLING INQUIRY". At the top, there is a horizontal banner with six small images: a car, a house, a group of people, a family, a person in a uniform, and a group of people. Below the banner, the title "BILLING INQUIRY" is centered, with the subtitle "Information as of Last Business Day".

On the left side, the following information is displayed:

- Account Number: A000000987
- Account Name: BEV TEST P939
152 ALLEN ROAD
SOUTH BURLINGTON, VT 05403-3804

On the right side, the following information is displayed:

- Agency Name: TEST AGENT (00111)
250 MAIN ST
BUFFALO, NY 14202

A horizontal navigation bar contains the following tabs: "Account Summary", "Policy Detail", "Transaction History", "Installment Schedule", "Payment Details", "Billable Party", and "Invoices". A blue arrow points from the text "The 'Billable Party' screen will display the name the account is billed to..." to the "Billable Party" tab.

Below the navigation bar, the "Bill To Information" section is displayed:

- Billing Name: BEV TEST P939
- Address: 152 ALLEN ROAD
SOUTH BURLINGTON, VT 05403-3804

At the bottom of the screen, there is a "Contact Us" button and a small image of a person's face.

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 displays a list of invoices for this account. The list includes invoice date, type and a document link.

BILLING INQUIRY
Information as of Last Business Day

Account Number: A00000987
Account Name: REV TEST P93B
152 ALLEN ROAD
SOUTH BURLINGTON, VT 05403-3804

Agency Name: TEST AGENT (00111)
250 MAIN ST
BUFFALO, NY 14202

Account Summary | Policy Detail | Transaction History | Installment Schedule | Payment Details | Billable Party | **Invoices**

Invoice Date	Invoice Type	View Invoice
10/25/2018	Cancellation Invoice	
10/25/2018	Cancellation Invoice	
09/26/2018	Installment Invoice	

Click a document link to display a PDF version of the invoice. See example invoice on the following page.

Contact Us | Phone | Email | Live Help



Billing Date: 09/26/2018

Insured:

BEV TEST P939
152 ALLEN ROAD
SOUTH BURLINGTON, VT 05403-3804

*Merchants Insurance Group and your Independent Agent
TEST AGENT appreciate your business!*

*If you have coverage questions, please contact
your agent at 716-999-9999.*

COMMERCIAL INSURANCE BILL

Account Number	A000000987
Payment must be received by	10/18/2018
To pay in full	\$2,245.00
Amount due*	\$2,252.00

* A \$7.00 fee will be charged for each installment.

Billing questions? Call 800-462-8182.

Merchants offers the following options:

- Electronic Funds Transfer (EFT)
- ePolicy and eBill Delivery
- Online Payment
- Smartphone Payment

Please go to www.merchantsgroup.com.

ACCOUNT BILLING ACTIVITY

Policy Number	Policy Type	Policy Period	Policy Balance	Amount Due
CAPP939BPC	Business Automobile	10/01/2018 To 10/01/2019	\$727.00	\$727.00
CAPP939BPE	Business Automobile	10/01/2018 To 10/01/2019	\$1,518.00	\$1,518.00
Installment Fee				\$7.00
TOTAL			\$2,245.00	\$2,252.00

DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT.

WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK FOR ACCURATE PROCESSING.



PAYMENT COUPON
Return with payment.

Insured:

BEV TEST P939

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.

Account Number	A000000987
Payment must be received by	10/18/2018
To pay in full	\$2,245.00
Amount due	\$2,252.00
Amount paid	\$

A \$25 fee will apply for a returned item.

A \$20 fee will apply for late payments.

Please refer to the reverse side for check processing information.

FOR INTERNAL USE ONLY A0000009870000000000111

MA-156 (04-2008)

Thank You for your Payment.

PLEASE DO NOT STAPLE OR FOLD.

PLEASE DO NOT STAPLE OR FOLD.