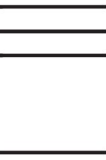


US Insurance Company
P.O. Box 123456
ATLANTA, GA 30302-1234



MAY 23, 2019



JOHN SMITH
1234 KOELE WAY
WAHIAWA HI 96786-1234



Business Ins - Sarah Jones
123 Piikoi St, Suite 1900
Honolulu, HI 96814
Phone: (808) 123-1234

RENEWAL PREMIUM INVOICE

Insured's Copy
POLICY NUMBER: HIW0123456-00

Residential Hurricane

Date Issued: 05/23/2019
POLICY PERIOD: 7/01/2019 - 6/30/2020
12:01 A.M. Standard Time at the described location
P.O. Box 12345 - Honolulu, HI 96820-1234

The premises covered by this policy is located at the address stated below:
1234 Koele Way Wahiawa, HI 96786

PRIOR BALANCE INCLUDING FEES	PREMIUM & FEES	PAYMENTS & ADJUSTMENTS	MINIMUM DUE	PAYMENT IN FULL
0.00	\$650.00	0.00	\$295.00	\$650.00

Check back of the page for different payment plan options.

Please disregard if payment has already been made or if your mortgage company is responsible for making payments on your behalf. To avoid any delay in posting payments, please return the remittance stub provided below with your payment to the address indicated on the stub.

See reverse side for additional information

Detach Here

Please return this portion of the statement with your payment.
Your cancelled check is your receipt

Thank you for the opportunity to service your insurance needs

You can also make your payment online at www.usinsurance.com

Policy No: HIW0123456-00
Date Issued: **05/23/2019**
Date Due: **07/01/2019**
Payment in Full: \$650.00
Minimum Due: \$295.00

HIW012345600012300000012345678

Amount Enclosed: \$ _____

JOHN SMITH
1234 KOELE WAY
WAHIAWA HI 96786-1234

Please remit payments to:
US Insurance Company
P.O. Box 123456
ATLANTA GA 30302-1234

☐ Check if Change of address included on reverse side

Payment Plan Options

You may choose to pay your premium in full or use a 2-pay, 4-pay or 11-pay premium payment plan. You can pay your 2-pay and 4-pay premium by check or by credit card. You can make your payment online at www.usinsurance.com or we can take your credit card information over the phone at (800) 123-123-1234. The 11-pay plan is by EFT only. There is a \$4 service fee applied to each installment if the 2-pay, 4-pay or the 11-pay plan option is selected.

Full Pay	Due Date	2-pay*	Due Date	4-pay*	Due Date	11-pay*	Due Date
\$ 650.00	07/01/2019	\$ 404.00	07/07/2019	\$ 354.00	07/01/2019	\$ 204.00**	07/01/2019
		\$ 254.00	01/01/2020	\$ 104.00	10/01/2019	\$ 49.00	08/01/2019
				\$ 104.00	01/01/2020	\$ 49.00	09/01/2019
				\$ 104.00	04/01/2020	\$ 49.00	10/01/2019
						\$ 49.00	11/01/2019
						\$ 49.00	12/01/2019
						\$ 49.00	01/01/2020
						\$ 49.00	02/01/2020
						\$ 49.00	03/01/2020
						\$ 49.00	04/01/2020
						\$ 49.00	05/01/2020

* Payment options are not applicable if the policy is Mortgagee/Lienholder-billed.

** Denotes minimum due for initial renewal installment on insured bill elected pay plan.

Address & Telephone Number Changes or eMail Update Billing Address

Effective Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

eMail: _____