

¡GRACIAS POR SU PREFERENCIA! AQUÍ LE EXPLICAMOS COMO LEER SU ESTADO DE CUENTA.

ESTA PARTE CONTIENE INFORMACIÓN DE SU PAGO, Y NÚMERO DE PÓLIZA **A**, FECHA DE PAGO **B**, TAL COMO CANTIDAD **C**. TAMBIEN INCLUYE LA CANTIDAD DEL PAGO SI LO EFECTUA TARDE **D**.

POR FAVOR DESPEGUE ESTA PARTE Y ENVÍELO CON SU PAGO. 😊

ESTA SECCIÓN INDICA LOS PAGOS QUE LE VAN QUEDANDO **E**, Y SI DESEA PAGAR EL BALANCE DE SU PÓLIZA **F**.

**¡NO SE PREOCUPE!
SU PÓLIZA NO ESTÁ CANCELADA.**

ESTA PARTE INDICA CUANDO SU PÓLIZA SE CANCELARA SI EL PAGO NO ES CELLADO POR EL SERVICIO DE CORREOS ANTES O EN LA FECHA DE CANCELACIÓN **G**, SU PÓLIZA ESTÁ A UN VIGENTE.

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PREMIUM DUE NOTICE
Write your Policy Number on your payment.
Please mail payment directly to the Company.

Notice Date: 11/07/2007	Policy Number	Payment Due Date	Amount Due Now	Late Payment Amount
	AMS30139193 A	10/29/2007 B	\$220.25 C	\$228.25* D

* LATE - If payment is postmarked after the Due Date, a \$8.00 LATE FEE Applies
Payment postmarked after the Cancellation Date of 11/08/2007 will NOT be accepted.

00001 Insured:
JOHN DOE
123 SAMPLE ST APT A
ANYTOWN, TX 75670

Make Payment to:
A-max Insurance Services, Inc.
PO BOX 701749
DALLAS, TX 75370-1749

Cut along this line - Return this portion with your payment
Keep this portion

Installment Type	Due Date	Amount Due
INSTALLMENT #06	10/29/2007	\$220.25 E

Each payment includes an installment fee of: \$7.50
To pay in full now: \$220.25
Minimum Now Due: \$220.25

There will be a \$25.00 charge for returned checks

MAKE YOUR PAYMENT ANYTIME WITH OUR AUTOMATED SYSTEM AT 1-800-921-AMAX OR ONLINE AT WWW.AMAXINSURANCE.COM.

If a check is submitted to the company, the information from that check will be used to make an electronic payment from your account.

Policy Number	Policy Effective Date	Policy Expiration Date	Cancellation or Termination Effective	Notice Date
AMS30139193	06/08/2007	12/08/2007	11/08/2007 12:01 AM Standard Time	11/07/2007

NOTICE OF INTENT TO CANCEL FOR NON-PAYMENT OF PREMIUM
*** THIS IS THE ONLY NOTICE YOU WILL RECEIVE REGARDING PAYMENT OF PREMIUM ***
You are hereby notified in accordance with the terms and conditions of the above mentioned policy that your insurance will be cancelled at 12:01 AM Standard Time on 11/08/2007 if premium due is not postmarked by the cancellation date.

*** →**

Insurance Company: HOME STATE COUNTY MUTUAL INSURANCE COMPANY

Agent: 999999

ABC SAMPLE AGENT
1011 LOOP 281 WEST SUITE #1
LONGVIEW TX 75804
(999)999-9999

*** →**



**POR FAVOR ENVÍE LA CANTIDAD DEL PAGO A LA ATENCIÓN DE:
A-MAX Insurance Services, Inc.
PO BOX 701749
Dallas, Texas 75370-1749**

**O HAGA SU PAGO CON NUESTRO SISTEMA AUTOMATIZADO EN 1-800-921-AMAX
O EN LÍNEA EN WWW.AMAXINSURANCE.COM**