

THANKS FOR YOUR BUSINESS! HERE ARE A FEW HELPFUL HINTS ON HOW TO READ YOUR BILL.

THIS PORTION CONTAINS PAYMENT INFORMATION LIKE POLICY NUMBER **A**, DUE DATE **B**, AND AMOUNT **C**. THERE IS ALSO A LATE PAYMENT AMOUNT **D**.

TEAR THIS PORTION OFF AND ENCLOSE WITH YOUR PAYMENT, PLEASE. ☺

THIS SECTION INDICATES INSTALLMENTS REMAINING **E**, AND A PAY-OFF AMOUNT, IF YOU CHOOSE TO PAY IN FULL **F**.

RELAX!
YOU'RE NOT CANCELLED.

THIS INDICATES WHEN YOUR POLICY WOULD CANCEL IF YOUR PAYMENT IS NOT POSTMARKED BY THE CANCELLATION DATE. WHEN YOU MAKE YOUR PAYMENT ON OR BEFORE THE CANCELLATION DATE **G**, YOUR POLICY REMAINS IN FORCE.

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

Notice Date: 11/07/2007

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

PAYMENT SCHEDULE

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

Date Paid: _____
Amount Paid: _____
Check #: _____

WITH MY PAYMENT BY CHECK, I UNDERSTAND AND AUTHORIZE ALL DISHONORED CHECKS AND A PROCESSING FEE OF \$25.00 WITH APPLICABLE TAXES TO BE ELECTRONICALLY DEBITED FROM MY ACCOUNT.

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

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 AMS30139193	Policy Effective Date 06/08/2007	Policy Expiration Date 12/08/2007	Cancellation or Termination Effective 11/08/2007	Notice Date 11/07/2007
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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 75604
(999)999-9999



PLEASE MAIL YOUR PAYMENT DIRECTLY TO:
A-MAX Insurance Services Inc.
PO BOX 701749
Dallas, Texas 75370-1749

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