



Acuity, A Mutual Insurance Company

## PAYMENT NOTICE

**Insured**  
CHAMBERLAIN SQUARE GARDEN  
COUNCIL OF CO-OWNERS INC

**Agent**  
MCDANIEL INSURANCE AGENCY  
Agency Code: 8015-AA  
(502) 909-0920

Payment of the Total Amount Due or Minimum Amount renews this policy for the policy period shown. This policy will terminate on **07-21-24** at the time specified in the policy unless payment is received at the company's home office not later than the due date. The Minimum Amount includes a \$7 service charge.

**Policy Type**  
ACUITY Discount Package

**Policy Term**  
07-21-24 to 07-21-25

Policy Number	Due Date	Total Amount Due	Minimum Amount
<b>ZA6324-6</b>	<b>08-01-24</b>	<b>\$19,393.00</b>	<b>\$2,915.95</b>

Process Date	Effective Date	Description	Charges	Credits	Balance
05-14-24		Balance as of 04-30-24			\$ 1,485.15
		Payment Received - Thank You		\$ 1,492.15	
		Service charge	\$ 7.00		0.00
07-12-24	07-21-24	Written premium charge			
		General Liability	377.00		
		Bis-Pak	19,016.00		19,393.00
		This statement reflects activity through 07-12-24			
For additional payment information or to pay online, please see reverse side.				Total Amount Due	<b>\$19,393.00</b>

Keep this portion for your records

Detach and return this portion with your payment. Thank you for allowing Acuity to serve your insurance needs!



2800 S. Taylor Drive  
PO Box 718  
Sheboygan, WI 53082  
acuity.com

## PAYMENT REMITTANCE

Please include policy number on your check or money order and make payable to **Acuity, A Mutual Insurance Company**.

**Agency Code:** 8015-AA  
MCDANIEL INSURANCE AGENCY

Policy Number	Due Date	Total Amount Due	Minimum Amount	Amount Enclosed
<b>ZA6324-6</b>	<b>08-01-24</b>	<b>\$19,393.00</b>	<b>\$2,915.95</b>	

CHAMBERLAIN SQUARE GARDEN  
COUNCIL OF CO-OWNERS INC  
PO BOX 99115  
LOUISVILLE KY 40269

For additional pay plan options see the back of this notice.  
Please make any changes to name or address at left.

## Questions?

Visit us online at [acuity.com](http://acuity.com) to view policy information and make an online policy payment.

Send written inquiries to:

Acuity  
2800 South Taylor Drive  
PO Box 718  
Sheboygan WI 53082-0718

Contact Acuity at **800.242.7666** if you would like to:

- Discuss your bill
- Make policy changes
- Report a claim (24 hours)
- Make a one-time payment

You may also fax us at 920.458.1618

Acuity business hours Monday-Friday:  
7:00 a.m.-6:00 p.m. (CST)

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## Policy Changes

Policy changes resulting in an addition or reduction in amount due will be billed or refunded accordingly.

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## Returned Payments

Payments returned unpaid by your financial institution will result in a \$25.00 fee. If a payment is dishonored, Acuity reserves the right to seek civil damages.

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## Late Payments

Payments received after the due date may be assessed a \$25.00 reactivation fee if your policy is reinstated.

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## Pay Plan Options

Your current pay plan is 11-pay.

To pay by check or money order, the following plan(s) are available. Payment due dates are approximate and may vary based on policy changes and state regulations. To change pay plans, please complete the Pay Plan Changes section below.

- 1-Pay - One installment for the total premium due.
- 2-Pay - 50% down and balance due in 5 months
- 4-Pay - 25% down, 25% due in 80, 170 and 260 days.
- 5-Pay - 20% down, balance due in 4 equal installments at 30-day intervals
- 11-Pay - 15% down, balance due in 10 equal installments at 30-day intervals

A \$7 service charge is included if the amount you pay is less than the "Total Amount Due". To avoid service charges, pay the "Total Amount Due".

To pay directly from your bank account, the following **Automatic Payment Option** plan(s) are available. To change pay plans, please complete the Pay Plan Changes section below or go online to [acuity.com](http://acuity.com).

- 1-Pay - One installment for the total premium due.
- 2-Pay - Two equal installments with second installment due in 5 months.
- 4-Pay - Four equal installments at 90-day intervals
- 5-Pay - Five equal installments at 30-day intervals.
- 11-Pay - Eleven equal installments at 30-day intervals.

A \$2 per installment service charge is included in the Automatic Payment Option plans.

Please make changes to your pay plan below. Changes may not take effect until the next policy term.

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**Pay Plan Changes:** Your current pay plan is 11-pay. Complete #1 or #2 to make a change.

**ZA6324-6**

**#1 Pay by check or money order.** Select a new pay plan: ☐ 1-pay ☐ 2-pay ☐ 4-pay ☐ 5-pay

**OR #2 Automatic Payment Option and Authorization**

Select a new pay plan: ☐ 1-Pay/Total Amount Due ☐ 2-pay ☐ 4-pay ☐ 5-pay ☐ 11-pay

Select a new payment method: ☐ Checking. **Please attach a voided check and sign below.**

☐ Savings. **Please attach routing number and account information and sign below.**

**One-Time Only Credit Card:** ☐ Complete Credit Card Nbr. and Exp. Date below; sign and date. **"Total Amount Due"** displayed on the front of Payment Remittance form will be charged to your account.

Credit Card Nbr. \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Exp. Date \_\_\_\_ - \_\_\_\_

I authorize Acuity, A Mutual Insurance Company, including any of its subsidiary companies that I transact business with, to make deductions from my account for my insurance policy. Acuity will advise me in advance of any changes in the amount to be deducted from my account. If the scheduled payment amount is greater than the premium remaining on my policy, the reduced amount will be deducted. I understand a stop payment can be placed on a payment by notifying my financial institution any time up to three business days preceding the scheduled date. My authorization remains in effect continuously throughout the terms of any policy issued. I understand I can cancel this authorization at any time by calling Acuity at 800.242.7666.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of account holder and voided check, account, or credit card information are required.)