

Acuity, A Mutual Insurance Company

a \$7 service charge.

Payment of the Total Amount Due or Minimum Amount

renews this policy for the policy period shown. This policy will terminate on **07-21-21** 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

Insured

CHAMBERLAIN SQUARE GARDEN COUNCIL OF CO-OWNERS INC

Agent

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

Policy Type ACUITY Discount Package Policy Term 07-21-21 to 07-21-22

Policy Number	Due Date	Total Amount Due	Minimum Amount	
ZA6324-6	07-28-21	\$11,278.00	\$1,698.70	

Process Date	Effective Date	Description	Charges	Credits	Balance
		Balance as of 05-17-21			\$ 1,283.57
05-18-21		Payment Received - Thank You Service charge	\$ 7.00	\$ 1,290.57	0.00
07-08-21	07-21-21	Written premium charge General Liability Bis-Pak This statement reflects activity through 07-08-21	377.00 10,901.00		11,278.00
For additional payment information or to pay online, please see reverse side.			Total Amount Due	\$11,278.00	

Keep this portion for your records

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



Agency Code: 8015-AA

MCDANIEL INSURANCE AGENCY

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.

Policy Number	Due Date	Total Amount Due	Minimum Amount	Amount Enclosed
ZA6324-6	07-28-21	\$11,278.00	\$1,698.70	

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 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)

Policy Changes

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

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.

Late Payments

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

Pay Plan Options

Your current pay plan is 11-Pay.

To pay by check or money order, the following plan(s) are available. Installment intervals may be adjusted due to policy changes. To change pay plans, please complete the Pay Plan changes section below.

- 2-Pay 50% down and balance due in 5 months
- 4-Pay 25% down, 25% due in 80 days, 25% due in 170 days and 25% due in 260 days
- 9-Pay 20% down, balance due in 8 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 checking or savings, the following Automatic Payment Option plans are available. To change pay plans, please complete the Pay Plan Changes section below.

- Full Pay One installment for the total premium due. One installment for any changes and/or renewals thereafter.
- 4-Pay Four equal installments at 90-day intervals
- 11-Pay Equal installments at 30-day intervals

A \$2 per installment service charge is included in the 4-Pay and 11-Pay Automatic Payment Option plans.

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

Pa	ay Pla	an Changes: Your currer	nt pay plan is 11-Pay. Complete	e #1 or #2 to make a	change.		ZA6324-6
	#1	Pay by check or money	y order. Select a new pay plan:	🗌 3-Pay 🗌 2-F	Pay 🗌 4-Pay 🛛	🗌 5-Pay 🗌 9-Pa	у
<u> 0R</u>	#2	Automatic Payment Op	otion and Authorization				
		Select a new pay pla	an: 🗌 Full Pay/Total Amount	t Due 🗌 4-Pa	y 🗌 11-Pa	ıy	
	Se	elect a new payment metho	od: 🗌 Checking. Please atta	ach a voided check	and sign below	<i>ı</i> .	
Oı	ne-Tin	ne Only Credit Card:	Savings. Please attact Complete Credit Card Nbr. a of Payment Remittance form Credit Card Nbr	and Exp. Date below; n will be charged to y	sign and date. " our account.	Total Amount Due	
	d d a	deductions from my accour deducted from my account. amount will be deducted. I up to three business days p	I Insurance Company, including nt for my insurance policy. Acuit If the scheduled payment amo understand a stop payment can preceding the scheduled date. N tand I can cancel this authorizat	y will advise me in a unt is greater than th be placed on a payr Ay authorization rema	dvance of any ch e premium rema ment by notifying ains in effect con	anges in the amour ining on my policy, t my financial institut itinuously throughou	nt to be the reduced ion any time
	S	Signature			[Date	