

¡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**, cantidad a pagar **C**. Esta cantidad es si paga tarde **D**.

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

Notice Date: 07/02/2009

Policy Number	Payment Due Date	Amount Due Now	Late Payment Amount
AAS06123456	07/22/2009	\$36.90	\$46.90 *

* If postmarked after the Due Date, a \$10.00 LATE FEE applies.
Payment postmarked on or after the Cancellation Date of 08/04/2009 will NOT be accepted

Insured: 00001

VALUED INSURED
5229 MAIN ST
HOUSTON TX 77053

Make Payment to:
AAAA INSURANCE
PO BOX 701749
DALLAS, TX 75370-1749

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

PAYMENT SCHEDULE

Installment Type	Due Date	Amount Due
INSTALLMENT #06	07/22/2009	\$36.90

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: \$3.00
To pay in full now: \$36.90
Minimum Now Due: \$36.90

There will be a \$25.00 charge for returned checks

MAKE YOUR PAYMENT ANYTIME WITH OUR AUTOMATED SYSTEM AT 1-866-816-3537 OR ONLINE AT WWW.AAAAINS.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
AAS06123456	03/04/2009	09/04/2009	08/04/2009 12:01 AM Standard Time	07/02/2009

NOTICE OF CANCELLATION 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 12:01am Standard Time on 08/04/2009 if premium due is not postmarked before the cancellation date. If your check is dishonored for any reason, coverage will be considered to have terminated on the Cancellation Date shown.

Insurance Company: HOME STATE COUNTY MUTUAL INS CO

Agent: 100106
AAAA INSURANCE-S MAIN
AAAA INSURANCE-S MAIN
12313 S MAIN ST
HOUSTON TX 77035
(281)272-2222

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 GANGLADA.

Esta parte indica cuando su póliza se cancelara si el pago no es cellado por el servicio de correos antes de la fecha de cancelación **G**, su póliza está aun vigente.



POR FAVOR ENVÍE LA CANTIDAD DEL PAGO A LA ATENCIÓN DE:

AAAA Insurance
PO BOX 701749
Dallas, Texas 75370-1749

Tambien puede hacer su pago con nuestro sistma automatizado en 1-866-816-3537
O en la línea <http://www.aaaains.com>