

¡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**.

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

Notice Date: 06/25/2009

Policy Number DLX00000001 A	Payment Due Date 07/15/2009 B	Amount Due Now \$44.58 C	Late Payment Amount \$52.58 * D
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* LATE - If postmarked after the Due Date, a \$8.00 LATE FEE applies
Payment postmarked after the Cancellation Date of 07/25/2009 will NOT be accepted

Insured: 00001

VALUED INSURED
1000 MAIN ST #801
DALLAS TX 75001

Make Payment to:
NEWPORT GENERAL AGENCY
PO BOX 601059
DALLAS, TX 75360

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

PAYMENT SCHEDULE

Instalment Type	Due Date	Amount Due
INSTALLMENT #02	07/15/2009	\$44.58
INSTALLMENT #03	08/15/2009	\$44.58
INSTALLMENT #04	09/15/2009	\$44.58
INSTALLMENT #05	10/15/2009	\$44.58
INSTALLMENT #06	11/15/2009	\$44.60

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. **F**

Each payment includes an instalment fee of: \$3.00
To pay in full now: \$210.92
Minimum Now Due: \$44.58

There will be a \$25.00 charge for returned checks

MAKE YOUR PAYMENT ANYTIME WITH OUR AUTOMATED SYSTEM AT 1-866-563-9767 OR ONLINE AT WWW.NEWPORTNSA.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 DLX00000001	Policy Effective Date 06/25/2009	Policy Expiration Date 12/25/2009	Cancellation or Termination Effective 07/25/2009 12:01 AM Standard Time	Notice Date 06/25/2009
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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 07/25/2009 if premium due is not postmarked by the cancellation date. If your check is dishonored for any reason, coverage will be considered to have terminated on the Cancellation Date shown. **G**

Insurance Company: OLD AMERICAN COUNTY MUTUAL INSURANCE COMPANY

Agent: 100000

QUALITY INDEPENDENT INSURANCE AGENT
10000 N. CENTRAL EXPY
DALLAS TX 75001-1234
(972)555-1212

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.



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

Newport General Agency

PO BOX 601059

Dallas, Texas 75360

O HAGA SU PAGO CON NUESTRO SISTEMA AUTOMATIZADO EN

1-866-5-NEWPORT (1-866-563-9767)

POR COREO ELECTRONICO A WWW.NEWPORTNSA.COM