PREMIUM NOTICE

ACCOUNT NUMBER: 202201680



Agent: TELEPHONE (877)-314-7320

ALLIANT INSURANCE SERVICES,

818 W RIVERSIDE AVE STE 800

SPOKANE WA 99201 0913

Notice issued to:

REFLECTION LAKE COMMUNITY ASSOCIATION 37708 N SHEETS RD **ELK WA 99009**

Account of:

REFLECTION LAKE COMMUNITY

ASSOCIATION 37708 N SHEETS RD

ELK WA 99009

Member Companies:

AMERICAN FIRE AND CASUALTY COMPANY

We value your time. Pay your bill online mybusinessonline.libertymutual.com PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

Co: 01

Agent: 08018/0

Payment Plan: MONTHI V

Invoice Date: 04/18/2023

C0. 01	72 00000	Agent: 0801840	Payment Pi	ian; WONTHLY	mvoice pat	e. 04/10/2023
Policy Number	Trans. Date	Account Activity		Charges/ Credits	Policy Balance	Minimum Due
BLA58494295 GEN LIABILITY	03/15/2023 03/15/2023	TERRORISM RISK INSURANCE ACT RENEWAL EFF 05/07/2023 SERVICE CHARGE/FEES Save on fees, Enroll in EFTI	# 161 W17	14.00 2,357.00 8.00	2,371.00 PAID	395.1 8.0
		For complete detail of all activity on this account please go to the website listed above.	JUB .			

Payment Due Date: 05/07/2023

Account Balance: \$

2,379.00

Minimum Amount Due: \$

403.10

Please detach at perforation, retain the top portion for your records and return the bottom portion with your check or money order.

Account of: REFLECTION LAKE COMMUNITY

ASSOCIATION

Co: 01

Invoice Date: 04/18/2023

Please allow sufficient mail time for payment to arrive by the due date.					
Payment Due Date	Account Number				
05/07/2023	202201680				

Your	nay pay the minimum am	ount due or ti	ne total account balance.	
Ac	count Balance	Minimum Amount Due		
\$	2,379.00	\$	403.10	

* Please make your check or money order payable to: LIBERTY MUTUAL INSURANCE

* IMPORTANT: Please write your account number on your check or money order - never send cash!

* Please notify your agent if you have a change of address.

* To enroll in automatic payments, paperless billing, or make a one-time payment please visit the website above.

Thank you for selecting us to service your insurance needs!

Mail Payments To: LIBERTY MUTUAL INSURANCE PO BOX 91013 CHICAGO, IL 60680-1171

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