

PREMIUM NOTICE

ACCOUNT NUMBER: [REDACTED]



Agent: [REDACTED]
CORPORATE RISK MANAGEMENT INC
350 E OGDEN AVE STE 300
WESTMONT IL 60559 1289

Account of:
WARRENVILLE TAVERN
PRESERVATIONISTS
PO BOX 17
WARRENVILLE IL 60555

Notice issued to:
WARRENVILLE TAVERN
PRESERVATIONISTS
PO BOX 17
WARRENVILLE IL 60555

Member Companies:
THE OHIO CASUALTY INSURANCE COMPANY

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

Co: 02 Agent: [REDACTED] Payment Plan: FULL PAY Invoice Date: 10/03/2022

| Policy Number | Trans. Date | Account Activity | Charges/ Credits | Policy Balance | Minimum Due |
|---|--------------------------|--|--------------------|----------------|-------------|
| [REDACTED] COMMERCIAL PKG | 08/15/2022 08/15/2022 | TERRORISM RISK INSURANCE ACT RENEWAL EFF 10/20/2022 | 211.00 3,184.00 | 3,395.00 | 3,395.00 |
| <p><i>paid online 10/12/22 authorization code</i></p> <p>For complete detail of all activity on this account please go to the website listed above.</p> | | | | | |

Payment Due Date: 10/20/2022 **Account Balance:** \$ 3,395.00 **Minimum Amount Due:** \$ 3,395.00

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

Account of: WARRENVILLE TAVERN
PRESERVATIONISTS

Co: 02

Invoice Date: 10/03/2022

| | |
|--|-------------------------------------|
| Please allow sufficient mail time for payment to arrive by the due date. | |
| Payment Due Date 10/20/2022 | Account Number [REDACTED] |

| | |
|--|--|
| You may pay the minimum amount due or the total account balance. | |
| Account Balance \$ 3,395.00 | Minimum Amount Due \$ 3,395.00 |

- * 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



91013 200 0020000800424470 000000000 000000000 0000339500 0000339500

Warren Tavern Insurance Premiums

Liberty Mutual

| Year | Amount |
|------|---------|
| 2018 | 1826 |
| 2019 | 2064 |
| 2020 | 2328.36 |
| 2021 | 2794.92 |
| 2022 | 3395 |