«Todays\_Date\_MMMM\_DD\_YYYY»

«Account\_Address\_Block»

File # «Account\_Number»

Creditor: «Mbr\_ins\_co»

Amount Due: «Actual\_Total\_Jmt\_NonJmt\_Owing»

This is to advise you that our office represents «Mbr\_ins\_co» (“«Mbrinsshrt»”) with respect to collection of your «Actual\_Total\_Jmt\_NonJmt\_Owing» past-due premium obligation for «Mbrinsshrt» «X1046\_InsLineOfBusiness» Policy # «Policynumb» with an effective policy period from «Poleffdate» - «Polexpdate» (“Policy #«Policynumb»”). The «Actual\_Total\_Jmt\_NonJmt\_Owing» balance remains unpaid and this matter has been escalated to our firm.

The premium for Policy # «Policynumb» was determined by your risk classification and actual total gross sales figures during the policy period. Before the policy start date, you estimated your sales for the policy period and provided an advanced premium payment. However, after the policy end date, an audit revealed your actual total gross sales were more than your estimated figures. Therefore, you received more coverage than the coverage proportionate to your prepayment and, thus owe the remaining «Actual\_Total\_Jmt\_NonJmt\_Owing» premium for Policy # «Policynumb».

Failure to comply with audit requirements, such as failing to submit financials at the end of a policy term or failing to resolve the outstanding premium due on your policy, can result in non-compliant or non-payment reporting to your State’s Department of Insurance. Once reported, you may not be able to obtain, or you may incur higher premiums when you obtain, future insurance coverage.

To resolve this matter, submit the «Actual\_Total\_Jmt\_NonJmt\_Owing» payment on or before «Date\_plus\_10\_days» in any of the following methods:

1. Mail – draft a check payable to «Mbrinsshrt» with file number «Account\_Number» on the memo line and mail the check to our office at the address below
2. Online\* – pay with check or credit card with our payment processor: [**https://www.afm-usa.com/payment**](https://www.afm-usa.com/payment)
3. Phone\* – pay with check or credit card by contacting our office at **(847) 259-4700**.

\*A convenience fee will be assessed for both check or credit card payments made online or by phone.

Please note that any and all communications and payments must now be directed to our office.

Thank you,

«COLLECTOR\_NAME\_SIGNATURE»

**«Collector\_Pseudonym»**

«X1005\_Signature\_Co\_Line\_1» «X1006\_Signature\_Co\_Line\_2»

P.O. Box 31579, Chicago, IL 60631

P: (847) 259-4700 | F: (847) 259-9434

«X1095\_COLLECTOR\_EMAIL\_CUSTOM»

This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

This transmittal may contain confidential information belonging to the sender which is legally privileged and/or exempt from disclosure. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents is strictly prohibited. If you received this transmittal in error, please call the sender immediately to arrange for the return of this letter.