File #

Creditor:

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

This is to advise you that our office represents (“«Mbrinsshrt»”) with respect to collection of your «Actual\_Total\_Jmt\_NonJmt\_Owing» past-due premium obligation for «Mbrinsshrt» Workers Compensation Insurance Policy # .

The premium for Policy # was determined by your risk classification and actual payroll expenditures during the policy period. Before the policy start date, you estimated your payroll for the policy period and provided an advanced premium payment. However, after the policy end date, you failed to provide actual payroll details. Therefore, «Mbrinsshrt» was not able to perform an audit and was forced to rely on your estimated payroll figures to calculate your actual payroll, the coverage you received, and the total premium proportionate to that coverage. Thus, based on your estimated payroll and after crediting your advanced premium payment, «Mbrinsshrt» determined that you owe the remaining «Actual\_Total\_Jmt\_NonJmt\_Owing» premium for Policy # .

Failure to comply with audit requirements, such as failing to submit financials at the end of a policy term or failure 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 payment of the account in any of the following methods:

1. Mail – draft a check payable to 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 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.

If we do not receive payment or otherwise hear from you by , then «Mbrinsshrt» will consider taking further action to recover the amount due.

Thank you,

«COLLECTOR\_NAME\_SIGNATURE»

**«Collector\_Pseudonym»**

P.O. Box 735633, Chicago, IL 60673-5633

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.