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INVOICE DATE: 10/09/2016

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4431 W. Caspian Cir.  
Littleton, CO 80128-2524

CLIENT #: 2445290

DUE DATE: 10/05/2016

// ACCOUNT SUMMARY

Previous Balance \$532.00

Payments/Credits \$0.00

Transaction/Fees \$592.00

**TOTAL DUE BY: 10/05/2016 \$1,124.00**

**Late Payment Notice:** If we do not receive your payment by the date above, a late fee of \$10.00 may apply. Pay your invoice online: [www.hagerty.com](http://www.hagerty.com)

ACCOUNT ACTIVITY // 10/01/2016 - 10/31/2016

Transaction Date	Policy Number	Transaction Description	\$ Amount
	3P63528BC-00	Previous Balance	\$532.00
10/05	3P63528BC-00	Premium Due	\$532.00
10/05	HPN_3P63528BC-00	HPlus Premium Due	\$60.00

**TOTAL AMOUNT DUE**

**\$1,124.00**

Please cut here and return this portion with your payment

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4431 W. Caspian Cir.  
Littleton, CO 80128-2524

Client #: 2445290  
Due Date: 10/05/2016  
Amount Due: \$1,124.00

Amount enclosed:

\$

☐ **PAY ONLINE** and visit [Hagerty.com](http://Hagerty.com)

☐ **ELECTRONIC CHECK:** Name on Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

☐ **CREDIT CARD PAYMENT:** ☐ MC ☐ VISA ☐ DISCOVER ☐ AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name: \_\_\_\_\_ Billing Address: \_\_\_\_\_

☐ **PERSONAL CHECK ENCLOSED** (Please make check payable to Hagerty Insurance Agency LLC)

When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account.

**GO PAPERLESS.** Receive your insurance policy documents electronically by providing your email address.

Email address: \_\_\_\_\_



## // FEE DISCLOSURES

### Late Fee

You may be charged a \$10.00 late fee for each payment that is not received by the payment due date. The amount of the late fee will be assessed in accordance with the applicable state law.

### Non-Sufficient Funds/Returned Payment Fee

If your payment is returned or dishonored by your financial institution or credit card company, you may be charged a fee for non-sufficient funds and/or returned payment of \$25.00. The amount of the non-sufficient funds/returned payment fee will be assessed in accordance with the applicable state law.

### Reinstatement Fee

If your policy lapses or is cancelled, a reinstatement fee of \$10.00 may apply to reinstate your insurance coverage. The amount of the reinstatement fee will be assessed in accordance with the applicable state law.

## PAYMENT TERMS

Your account balance is the total amount owed as of the invoice date. The total amount owed includes your insurance premium, any applicable fees, payments for Hagerty Plus membership (if applicable), and any applicable taxes. Any changes to your account that are not on this invoice may adjust the payment amount indicated on this invoice and will be reflected on future statements and/or Payment Schedules. Insurance coverage to start a new policy is not in place and will not be in effect until your payment is made.

Insurance coverage may also lapse or Hagerty Agency, LLC ("Hagerty") may cancel the insurance coverage on behalf of the company for non-payment of premium in accordance with policy provisions, or for any other reason allowable in accordance with policy provisions and/or applicable state and federal law.

All adjustments or refunds will be settled according to the policy language of the insurance policy listed on this invoice. If applicable, refunds will be returned by check.

If the minimum payment amount due is not paid by the due date, the insurance policy will be subject to cancellation or expiration