



# FARMERS INSURANCE

Represented By  
WESLEY CALAFATA INSURANCE AGEN  
FARMERS INSURANCE GROUP  
4325 CASS ST  
SAN DIEGO CA 92109-4008

Pay your bills online at [www.ForemostPayOnline.com](http://www.ForemostPayOnline.com).

## PREMIUM PAYMENT NOTICE

POLICYHOLDER MELROY INVESTMENTS INC	LOAN NUMBER	PAYMENT DUE BY APR 19, 2023	CURRENT AMOUNT DUE \$ 590.00
POLICY NUMBER 381-5005509209-03	DESCRIPTION DWELLING FIRE	POLICY COVERAGE PERIOD APR 19, 2023 TO APR 19, 2024	

TO:

### POLICYHOLDER

MELROY INVESTMENTS INC  
201  
4241 JUTLAND DR STE 201  
SAN DIEGO CA 92117-3653

### YOUR REPRESENTATIVE

WESLEY CALAFATA INSURANCE AGEN  
FARMERS INSURANCE GROUP  
4325 CASS ST  
SAN DIEGO CA 92109-4008  
(858) 483-7171

### PAYMENT INFORMATION

THIS BILL IS FOR YOUR FULL PREMIUM.  
THANK YOU FOR SELECTING US TO SERVE  
YOUR INSURANCE NEEDS.

**Current Amount Due**

**\$ 590.00**

*724 Queenstown*

Have a question? Want to make a policy change? Just call your representative.

Form 8600 12/06

For **billing questions** call our automated phone service, at 1-800-532-4221 available until midnight EST.

We are available during normal business hours to assist you with questions or to discuss your payment options.

✂ **PLEASE RETURN THE CARD BELOW WITH YOUR PREMIUM PAYMENT OR PAY ONLINE** ▼

### FOREMOST PAYMENT RETURN CARD FOR: MELROY INVESTMENTS INC

1. Make your check payable to:  
**FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN**
2. Please write your **policy number** on your check or money order.

### MAIL THIS CARD WITH YOUR PAYMENT TO:

FOREMOST INSURANCE COMPANY  
PO BOX 0915  
CAROL STREAM IL 60132-0915

DWELLING FIRE POLICY PAYMENT	
Policy Number:	<b>381-5005509209-03</b>
Amount Due:	<b>\$ 590.00</b>
Date Due:	<b>APR 19, 2023</b>

Amount Enclosed \$

*Thank You For Your Payment*

5005509209030 01015381000020230119 00000000 00000000 00059000 00059000 3

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**LOCATION INFORMATION**

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729 QUEENSTOWN CT  
SAN DIEGO CA 92109-7114

**COMPANY USE ONLY**

23019

REPRESENTATIVE NO.: 89 5409 - 371 7212480.0112.01  
TRANS TYPE: RB  
LIENHOLDER NO.: 000000000

**ATTENTION -- SEND PAYMENT TO:**  
**PAYMENT PROCESSING CENTER, P.O. BOX 0915, CAROL STREAM, IL 60132-0915**

Please contact your representative listed below to make any policy changes.

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