INVOICE

Insured
AXCM23082
MARY M FINNELL
11 CLEVELAND CIRCLE
SKILLMAN, NJ 08558

PRODUCER 107
BORDEN PERLMAN RUSSO
250 PHILLIPS BLVD
SUITE 280
EWING, NJ 08618
(609) 896-3434

Policy Type:

SPECIAL MULTI-PERIL

 Run Date: 07/02/2019
 Payment Plan: Manual 1 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 08/01/2019
 08/01/2020
 Renewal - Installment # 1
 08/01/2019 \$ 453.00

 Total Installment Due
 \$ 453.00

Effective 5/1/2019, a \$15.00 late fee will be applied to any late payment

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 453.00

Thank you for your business

Policy Number: AXCM23082

MARY M FINNELL 11 CLEVELAND CIRCLE SKILLMAN, NJ 08558

07/02/2019 - Inv

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future 1	Installments	\$.00
	The above fut	ure installments do not	reflect the	.00 Per Inst	tallment Charge
	Change of Addre	ss			
	Policy No.: AXCM				
	Your New Address	is:			
Phone No.:					