



P.O. Box 5300
Binghamton, NY 13902-9953

Progressive Home Advantage

Underwritten by:
HOMESITE INSURANCE COMPANY OF THE MIDWEST

Tel: 1-866-960-8609 Fax: 1-877-273-2984

BILLING STATEMENT

Policy Number: 32154389

Policy Term: February 9, 2014 – February 9, 2015

Payment Plan: 12 Pay Plan

Daniel Dexter
55 BROADLAWN PARK
11A
CHESTNUT HILL, MA 02467-3520

If you have any questions, please call us at 1-866-960-8609
Monday – Friday 8AM – 9PM, Saturday 9AM – 6PM,
Sunday 9AM – 6PM (Sales Only).

Property Address: 55 BROADLAWN PARK
11A
CHESTNUT HILL, MA 02467-3520
See reverse for other important information.

Billing Summary (reflects activity this billing period)

PRIOR BALANCE	04-19-2014	\$324.59
INSTALLMENT FEE	05-20-2014	\$5.00
PAYMENTS RECEIVED	05-14-2014	-\$40.51
NEW BALANCE	05-20-2014	\$289.08

Minimum Amount Due: \$40.51

Important Note: You have authorized Progressive Home Advantage to automatically deduct the premium payment directly from your checking account on the due date. All electronic checks returned by our bank may be subject to a \$10.00 fee. Schedule of the deductions are shown below.

Bill Schedule (based on current payment plan)*

Statement Date: May 25, 2014

Due Date	Amount Due	Due Date	Amount Due
06-09-2014	\$40.51	12-09-2014	\$40.51
07-09-2014	\$40.51	01-09-2015	\$40.51
08-09-2014	\$40.51		
09-09-2014	\$40.51		
10-09-2014	\$40.51		
11-09-2014	\$40.51		

*Amount Due includes a \$3.00 fee for each installment. You may pay your entire balance at any time.

Access your policy online and Go Paperless at www.homesite.com/mypolicy.

REMITTANCE SLIP



*Please detach and return with your payment
Remember to write your **Policy Number** on your check.
Make check payable to PROGRESSIVE HOME ADVANTAGE*

PROGRESSIVE HOME ADVANTAGE
P O Box 414356
Boston, MA 02241-4356



Due Date: June 9, 2014

Amount Due: \$40.51

Amount Enclosed:

0002321543894201405202014061400000405100000028908040087

Policy Number 32154389 AH A101-0401

Billing Statement (P.2)

Important Information

Payment Plan Options

Plan	Amount Due	Details
One Payment	N/A	The full policy premium is due on the effective date. No service fee applies.
Ten Payment(Monthly)*	N/A	25% of policy premium is due on the effective date. Remaining balance will be billed in 9 monthly installments. An installment fee will be applied to each installment after the first bill.
Four Payment (Quarterly)*	N/A	40% of policy premium is due on the effective date. Remaining balance will be billed in 3 quarterly installments. An installment fee will be applied after the first bill.

*Installment fee is \$5.00 . EFT fee is \$3.00

Service Charges: You may be charged a \$0.00 service fee if we issue you a legal notice of cancellation for non-payment of premium.

Recurring Payments: To eliminate check writing, sign up for payment deductions from your checking account. Your premium due will be paid automatically. For enrollment details, contact Customer Service at the phone number shown on the front side.