**A picture containing text

Description automatically generatedINVOICE**

|  |  |  |
| --- | --- | --- |
| 11013 West Broad Street, Suite 300 | **INVOICE / Claim #:** | {claimNumber} |
| Glen Allen, VA 23060 | **DATE:** | {todayShort} |
| Phone: 804-256-0525 | Fax: 804-988-5272 |  |  |
| Email: Claims@RichmondNational.com |  |  |

**TO:**

|  |
| --- |
| {insuredName} |
| {insuredAddr} |

|  |  |
| --- | --- |
| Description | Amount |
| {claimants} | ${deductible} |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | ${total} |

Payment is due within 30 days.

Please make all checks payable to Richmond National Insurance Company or for ACH:

A close-up of a card

Description automatically generated

If you have any questions concerning this invoice, contact us at the above email address.

Thank you for your business!