

TRAVELERS

SMITH BROTHERS INS INC
68 NATIONAL DR
GLASTONBURY CT 06033

00507

REC'D FEB 17 2009

Account Bill

Account No. 981005517

Please refer to this billing account number
when calling or making payments.

Billing Date: FEBRUARY 09, 2009

Due Date: APRIL 01, 2009

558

SMITH BROTHERS INS INC
68 NATIONAL DR
GLASTONBURY CT 06033

QUESTIONS? CALL US:

Automated Billing and Payment Information 1-800-550-7716
Available 7 days a week

Claim Service 1-800-CLAIM-33

Policy Questions or Change of Address (860) 652-3235

To pay online visit travelers.com

Proper maintenance of your supplemental heating system is a must!

Have wood/pellet stoves serviced once a year. Check the chimney for creosote build-up and clean if needed. Make sure hazardous materials and combustible items are never close to the stove. Remove all ashes from the stove weekly and dispose of ashes properly.

Policy Payment Information

Policy Name	Policy Number	Policy Period	Minimum Amount Due	Unpaid Balance
Homeowners 48 CIRILLO DR	981005517 633 1	03/30/09 to 03/30/10	\$960.00	\$960.00
Total			\$960.00	\$960.00

Please read important information on reverse side.

Please detach and mail the lower portion of this bill with your payment in the enclosed envelope
to TRAVELERS, ONE TOWER SQUARE, HARTFORD, CT 06183-1001. Thank You.

Make checks payable to: **Travelers Indemnity and affiliates**

000951/00507 F3116A30 6790 02/09/09

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0F9060

SMITH BROTHERS INS INC

SANDRA VILLANUEVA
Billing Account No. 981005517

Please do not staple
your check to this stub.

TRAVELERS REMITTANCE CENTER
ONE TOWER SQUARE
HARTFORD, CT 06183-1001



AMOUNT ENCLOSED

UNPAID BALANCE
\$960.00

MINIMUM AMOUNT DUE
\$960.00

DUE DATE
APRIL 01, 2009

0039383130303535313740393939393800009600000009600089

Billing Activity	Amount
Continuation(03/30/09) Homeowners 981005517 633 1	\$960.00
Total	\$960.00

Our installment plan is designed to make it convenient for you to pay for your coverage over the policy term. If you do not pay an installment on time, you may no longer be eligible to pay by installments and we may require payment of the total unpaid balance to continue your coverage.

You must pay at least the minimum amount due by the due date to avoid a \$10.00 late charge. A \$20.00 fee will be assessed for payments returned by your bank.

This bill includes your renewal premium. Please note the minimum amount due of \$960.00 is required by 04/01/09 in order to continue your coverage.

Insurer for policy 981005517 633 1: THE STANDARD FIRE INSURANCE COMPANY

Have you tried our Automated Billing and Payment Voice Response Unit (VRU)? The VRU will provide information such as the last payment received, your current amount due, the unpaid balance and information about cancellations, changes and refunds. The phone number is listed in the upper right hand corner on the front page of this bill.

HOME BANKING is a quick and easy way to pay for your insurance using your personal computer. Check with your bank to see if they offer this convenient method of paying your bills.

Visit us at amp.travelers.com to sign up for our automatic payment plans, (OR) complete the form below and return it with this month's payment.

Authorization Agreement for Automatic Payment Plans

Indicate Day of Month to Make Payment: (1st - 28th only) _____

If Bank:

_____ Checking Account - Monthly
(IDENTIFIED ON THE ENCLOSED CHECK)

If Credit Card:

VISA



Select Payment Frequency: _____ Monthly _____ Lump Sum

Note: Lump Sum is only a credit card option.
Exp. Date: _____

Credit Card #: _____ / _____

I authorize Travelers to charge my insurance premium for the policy number(s) listed above, including any applicable service charges, directly to my checking (identified on the enclosed check) or credit card account as I have indicated. I understand that this is a recurring authorization and will remain in effect for future policy terms until I provide Travelers with written cancellation. I understand that Travelers and/or my financial institution can cancel my enrollment in this program at any time.

When your signed agreement is received, we will mail you a notice showing a schedule of your future payment amounts and dates. **Please continue to make your payment until you receive the notice.**

Account No. 981005517 SANDRA VILLANUEVA

Your Signature _____ Date _____