



DEDUCTIBLE / SELF-INSURED INVOICE

| POLICY NUMBER | ACCOUNT NUMBER | BILL DATE | BILL NUMBER | PAYMENT DUE | TOTAL DUE |
|---------------|----------------|------------|-------------|-------------|-----------|
| 1H538911-810 | 5001C3085 | 09/30/2024 | 000650611 | 10/15/2024 | 19,499.70 |

MAIL PAYMENT TO:
 TRAVELERS
 13607 COLLECTIONS CENTER DRIVE
 CHICAGO, IL 60693

PAYER:
 CITY OF CARTERSVILLE
 P.O. BOX 1390
 CARTERSVILLE GA 30120

RETURN THIS PORTION WITH YOUR CHECK MADE PAYABLE TO TRAVELERS.
 PLEASE WRITE THE POLICY & ACCOUNT NUMBER ON YOUR CHECK.



**THE TOTAL DUE INCLUDES PAST DUE CHARGES.
 PLEASE REVIEW YOUR ACCOUNT IMMEDIATELY.**

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PAST DUE CHARGES

CLAIM#: FZD9972 **DATE OF LOSS:** 02/09/2024
DESCRIPTION: INSURED VEHICLE ENTERED OV1 PATH AND STRUCK THE OV1,
 INSURED DRIVER TH

CLAIMANT: LASONYA WATTERS

LOSS 18,183.51
CLAIM TOTAL 18,183.51

CLAIM#: F1H2737 **DATE OF LOSS:** 04/02/2024
DESCRIPTION: INSURED VEHICLE REAR ENDED OTHER VEHICLE COMING OUT
 PARKING LOT

CLAIMANT: RUTH KYLE

LOSS 1,316.19
CLAIM TOTAL 1,316.19

TOTAL CLAIM(S) DUE \$19,499.70

ACCOUNT SUMMARY

| | | |
|--------------------|------------------|------------------------------------|
| CURRENT CHARGES | 0.00 | INSURED NAME: CITY OF CARTERSVILLE |
| PAST DUE CHARGES | 19,499.70 | AGENT NAME: APEX INS AGENCY LLC |
| UNAPPLIED PAYMENTS | 0.00 | AGENT PHONE: (770) 441-1888 |
| TOTAL DUE | 19,499.70 | |
| DISPUTED ITEMS | 0.00 | |
| ACCOUNT BALANCE | 19,499.70 | |

CONTACT YOUR AGENT LISTED ABOVE IF YOU HAVE QUESTIONS RELATED TO YOUR POLICY OR COVERAGE.

FOR BILLING QUESTIONS, PLEASE CONTACT YOUR ACCOUNTING SPECIALIST
 MARCELLE FOLEY AT 1-860-954-5010 OR EMAIL MYFOLEY@TRAVELERS.COM