

DEDUCTIBLE / SELF-INSURED INVOICE

POLICY NUMBER	ACCOUNT NUMBER	BILL DATE	BILL NUMBER	PAYMENT DUE	TOTAL DUE
61M58853-ZLP	5001C3085	11/30/2022	000620112	12/15/2022	25,000.00

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

PAYER:
 CITY 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.

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61M58853-ZLP	5001C3085	11/30/2022	000620112	12/15/2022	25,000.00

CURRENT CHARGES

CLAIM#: FNU4362 **DATE OF LOSS:** 10/16/2020
DESCRIPTION: CLIFFORD ELLIS, JR. - LETTER OF REPRESENTATION
 ALLEGING INJURIES SUSTA

CLAIMANT: CLIFFORD ELLIS-JR

LOSS	25,000.00
CLAIM TOTAL	25,000.00

TOTAL CLAIM(S) DUE

\$25,000.00

ACCOUNT SUMMARY

CURRENT CHARGES	25,000.00
PAST DUE CHARGES	0.00
UNAPPLIED PAYMENTS	0.00
TOTAL DUE	25,000.00
DISPUTED ITEMS	0.00
ACCOUNT BALANCE	25,000.00

INSURED NAME: CITY CARTERSVILLE
 AGENT NAME: APEX INS AGENCY LLC
 AGENT PHONE: (770) 441-1888

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

FOR BILLING QUESTIONS, PLEASE CONTACT YOUR ACCOUNTING SPECIALIST
 KAREN TORRES AT 1-860-277-6859 OR EMAIL KTORRES@TRAVELERS.COM