

## DEDUCTIBLE / SELF-INSURED INVOICE

POLICY NUMBER	ACCOUNT NUMBER	BILL DATE	BILL NUMBER	PAYMENT DUE	TOTAL DUE
1H538911-810	5001C3085	04/30/2021	000595023	05/15/2021	23,981.08

**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.

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1H538911-810	5001C3085	04/30/2021	000595023	05/15/2021	23,981.08

**CURRENT CHARGES**

**CLAIM#:** FNU1226      **DATE OF LOSS:** 09/06/2020  
**DESCRIPTION:** CVD MA RODRIGUEZ CORTEZ. ID BRANDON COLE WAS IN  
 PURSUIT, HE ATTEMPTED

**CLAIMANT:** MA D RODRIGUEZ-CORTEZ

LOSS 23,981.08  
**CLAIM TOTAL 23,981.08**

**TOTAL CLAIM(S) DUE**

**\$23,981.08**

**ACCOUNT SUMMARY**

CURRENT CHARGES	23,981.08
PAST DUE CHARGES	0.00
UNAPPLIED PAYMENTS	0.00
<b>TOTAL DUE</b>	<b>23,981.08</b>
DISPUTED ITEMS	0.00
ACCOUNT BALANCE	23,981.08

INSURED NAME: CITY OF 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  
 ROSA TORRES AT 1-860-277-3284 OR EMAIL RTORRES@TRAVELERS.COM