

DEDUCTIBLE / SELF-INSURED INVOICE

POLICY NUMBER	ACCOUNT NUMBER	BILL DATE	BILL NUMBER	PAYMENT DUE	TOTAL DUE
1H538911-810	5001C3085	02/29/2024	000641032	03/15/2024	25,000.00
MAIL PAYMENT TO:			PAYER:		
TRAVELERS				ARTERSVILLE	
13607 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693			P.O. BOX 1390 CARTERSVILLE GA 30120		
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TRAVELER	ŝ				PAGE 1
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1H538911-810	5001C3085	02/29/2024	000641032	03/15/2024	25,000.00
		- , , -			,
CURRENT CHARGES					
CLAIM#: FQG95	598 DATE ()F LOSS: 07/06/2	2023		
DESCRIPTION: INSUR		ING A LEFT TURN	AT AN		
CLAIMANT: JASON	BARRON				
					25,000.00
				CLAIM TOTAL	25,000.00
	TOTAL	CLAIM(S) DUE			\$25,000.00
ACCOUNT SUMMARY	0.5				
CURRENT CHARGES25,000.00INSURED NAME: CITY OF CARTERSVILLEPAST DUE CHARGES0.00AGENT NAME: APEX INS AGENCY LLC					
UNAPPLIED PAYMENTS		0.00	AGENT PHONE: (7		
TOTAL DUE	25	<u>5,000.00</u>			
DISPUTED ITEMS ACCOUNT BALANCE	25	0.00			
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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