



Pay Online: www.thehartford.com/servicecenter

For Billing Questions Call: 1-866-467-8730
7 a.m. to 7 p.m. Central Time (Mon - Fri)

Report Bond Claims to: 1-888-266-3488

Bill Date: 05/08/19

Billing Account #: 11971793

To Pay in Full: \$308.00	Minimum Due: \$308.00	Due Date: 06/01/19
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If your payment is not received by the due date, a late fee of \$30.00 will be assessed.

Named Insured: CITY OF DALTON GEORGIA
Your Agent: MCGRUFF INSURANCE SERVICES INC/PHS

ACCOUNT SUMMARY		IMPORTANT MESSAGES
Previous Account Balance	\$327.00	• Thank you for renewing your insurance with The Hartford.
Payments & Adjustments	-\$327.00	
Premium Activity	\$308.00	
New Fee(s)	\$0.00	
Account Balance	\$308.00	

TRANSACTION DETAILS (since your last bill)						
Transaction Date	Transaction Description	Policy #	Policy Type	Payments/ Adjustments	Premium Activity	Fee Activity
02/07/19	Renewal	22BDDEP3132	Fidelity		\$308.00	
05/24/16	Payment- Thank You			-\$327.00		
TOTALS				-\$327.00	\$308.00	\$0.00

Thank you for selecting The Hartford. We appreciate your business.

Please detach here and insert with your payment. Write the account number on the check and make payable to **The Hartford.**

Check below and **complete reverse side** to request:

- Address Changes
- Policy Cancellation

Mail Payments To:

The Hartford
P O Box 660916
Dallas, TX 75266-0916

Account Number: **11971793**

Amount	
Enclosed:	_____

Payment Due Date	06/01/19
Pay In Full	Minimum Due
\$308.00	\$308.00

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 CITY OF DALTON GEORGIA
 PO BOX 1205
 DALTON, GA 30722-1205



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FUTURE ACCOUNT INSTALLMENT SCHEDULE		
Bill Date	Due Date	Minimum Due
05/08/19	06/01/19(current due)	\$308.00

IMPORTANT PAYMENT-RELATED INFORMATION

We will apply payments received in the following order:

- Past due and audit premium on inactive policies
- Past due premium on active policies
- Past due fees, then
- Current account charges

Alternate payment instructions with your check will not be honored. When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic transfer from your bank account or process your payment as a check transaction.

If you believe you received this invoice in error, please contact us at 1-866-467-8730 so that we can prevent further action.

POLICY BILLING DETAILS

Policy Number	Policy Type/Bill Plan/Status	Policy Period	Policy Balance	Minimum Due
22BDDEP3132	Fidelity/FULL PAY/Active	05/31/16-05/31/19	\$0.00	\$0.00
22BDDEP3132	Fidelity/FULL PAY/Down Payment Billing	05/31/19-05/31/22	\$308.00	\$308.00
TOTALS			\$308.00	\$308.00

PAYMENT OPTIONS

- **Online** at www.thehartford.com/servicecenter. Policies subject to cancellation may not be available in our automated system.
- **AutoPay** automatically withdraws premium payments from your bank account when they're due – ensuring payments are never late and eliminating the potential for late fees. Enroll at www.thehartford.com/servicecenter or by calling 1-866-467-8730.
- **Payment by phone** allows you to make a one time payment from your bank account by calling our automated system at 1-866-467-8730. Policies subject to cancellation may not be available in our automated system.
- **Mail payment ONLY** along with the remittance stub, in the envelope provided. Allow at least 5 days for delivery. **Do not** mail any correspondence with your payment. Correspondence should be mailed to: The Hartford, 301 Woods Park Drive, Clinton, NY 13323.
- **For Overnight/Express** – send **payments only** to: Remitco – The Hartford #916, 1010 W Mockingbird Lane Suite 100, Dallas, TX 75247.

EXPLANATION OF TERMS

State Surcharges: Fees that are assessed by your state and local government and paid by The Hartford to the appropriate agency. If a surcharge is applicable in your state, it will be shown separately on your invoice.

Current Balance: The total amount due after applying all payments, credits or additional charges received since the last insurance bill.

New Fee(s): The total of all fees assessed on the current bill.

Service Fee: A fee that is assessed on each installment invoice, except where prohibited by law.

Address Changes: Check One: Mailing address **ONLY** Mailing address **AND** Physical Location change

Street: _____ Effective Date of change: _____

City/State/Zip: _____ Phone #: _____

Email Address: _____

Policy Cancellation Request: (this section must be filled out entirely for us to complete your request)

Policy Number: _____ Cancellation Effective Date: _____

Cancellation Reason: Replaced coverage with another Carrier Sold/closed business Other (specify): _____

Signature: _____ Title: _____ Date: _____