



AMSURE.

Remit to: PO Box 336, Saratoga Springs, NY 12866
Or pay online at <https://amsureins.epaypolicy.com>

-----INVOICE-----

Town of Halfmoon
2 Halfmoon Town Plaza
Halfmoon, NY 12065

Invoice Date 03/04/24
Invoice No. 134000
Bill To Code TOWNHAL
Client Code TOWNHAL
Inv Order No. 100*143374

Named Insured: Town of Halfmoon

Amount Remitted:

Please return this portion with your payment.

Amsure

Effective Date	Policy Period	Coverage Description	Transaction Amount
03/01/24	03/01/24 to 03/01/25	NYMIR Policy No. MCATHALF002 *Renewal - Commercial Package	118,271.00
		NY Fire Fee - Commercial Package	218.20
		Renewal Package Policy	
		Invoice Number: 134000	
		Amount Due:	118,489.20

*Premiums Due and Payable on Effective Date