



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 03/05/24
Invoice No. 134002
Bill To Code TOWNHAL
Client Code TOWNHAL
Inv Order No. 100*143376

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	45,033.00
		NY Auto Fee - Commercial Package	630.00
		Auto Renewal Policy	
		Invoice Number: 134002	
		Amount Due:	45,663.00

*Premiums Due and Payable on Effective Date



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----- INVOICE -----

Town of Halfmoon
2 Halfmoon Town Plaza
Halfmoon, NY 12065

Invoice Date 03/05/24
Invoice No. 134003
Bill To Code TOWNHAL
Client Code TOWNHAL
Inv Order No. 100*143377

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 Umbrella Renewal Invoice Invoice Number: 134003	16,251.00
		Amount Due:	16,251.00

*Premiums Due and Payable on Effective Date



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Town of Halfmoon
2 Halfmoon Town Plaza
Halfmoon, NY 12065

Invoice Date 03/05/24
Invoice No. 134004
Bill To Code TOWNHAL
Client Code TOWNHAL
Inv Order No. 100*143378

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 OCP Renewal Policy Invoice Number: 134004	275.00
		Amount Due:	275.00

*Premiums Due and Payable on Effective Date