

### YOUR ACCOUNT INFORMATION

Account name: TOWN OF LANDIS Account number: 312-973-843

### YOUR ACCOUNT BILL

as of 07/11/2025

Minimum Premium Due	\$132,205.71
Fees Due	\$0.00
Total Amount Due 08/01/25	\$132,205.71

# PREMIUM ACTIVITY

Prior Premium Balance	\$177.91
Premium Payment(s) Received	-\$177.91
New Premium Activity	\$132,205.71
Total Premium Balance	\$132,205.71

# **FEE ACTIVITY**

Total Premium and Fee Balance	\$132,205.71		
Total Fee Balance	\$0.00		
Prior Fee Balance	\$0.00		

Refer to the last page of this bill to view your upcoming payment schedule.

\*Where permitted by law, credit card payments will incur a non-refundable pass-through fee of 2.59% from Selective's credit card processor.

To avoid late fees, be sure to pay by the due date.

**HELPFUL TIPS** 



#### Paying by Card?

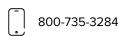
We accept American Express®, Mastercard®, and Visa®\*



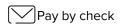


WAYS TO PAY MySelective Mobile App









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CENTRAL CAROLINA INSURANCE AGENCY INC

SALISBURY, NC 28145-4078

SELECTIVE BE UNIQUELY INSURED®

TOWN OF LANDIS Account name Account number 312-973-843 Account balance \$132,205.71 Minimum payment \$132,205.71 08/01/2025 Due date

TOWN OF LANDIS PO BOX 8165 LANDIS, NC 28088-8165

Amount enclosed:

\$



# **POLICIES ON THIS BILL**

# Commercial Package

Policy 1



**\$ 2367029** Effective 07/01/2025 - 07/01/2026

Policy Payment Plan 1-Pay

# **TOWN OF LANDIS**

Location Address	City	State	Zip Code
205 E RYDER AVE	LANDIS	NC	28088
301 S BEAVER ST	LANDIS	NC	28088
100 MAIN LANDIS MULTIPLE OUTDOOR LOCS	LANDIS	NC	28088

There are additional locations that are not displayed above.

Transaction Date	Description	Policy	Fees	Total Amount
	Prior Statement Balance			\$0.00
06/26/2025	Premium Activity	\$132,205.71		\$132,205.71
	Statement Balance (including adjustments and fees)			\$132,205.71
	Minimum Payment			\$132,205.71

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### **UPCOMING PAYMENT SCHEDULE**

There are no upcoming installments at this time.

### **PAYMENT ORDER**

If multiple policies exist under a single account, payment is applied to the oldest outstanding amount first with the remainder, if any, apportioned among the other policies. Should you wish to have your payment applied in a different manner, please contact us.

Excludes PaySync® program.

### **LATE PAYMENTS**

If two or more installment payments are late in a policy term, the full outstanding balance may be required for the policy to remain in effect or to reinstate coverage. You can avoid this action by making installment payments by the due date. Any payments that are not received by the due date may be subject to a late fee, which will appear on your next bill.

### **CONTACT US**

SELECTIVE CUSTOMER CARE at 800-735-3284 or email us at Cust.Relations@selective.com or call CENTRAL CAROLINA INSURANCE AGENCY INC at 704-636-5311

### **PAYMENT BY CHECK**

To pay by check, complete the tear off portion on the first page and return it with your payment in the enclosed envelope. Please make your check payable to Selective and include your account number on your check.

When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

### **CANCELLATION NOTICES**

In the event a notice of cancellation is issued, it will be sent to you separately. The amount on the cancellation notice must be satisfied by the specified date in order to prevent your policy from being cancelled.