



STATEMENT OF PREMIUM ADJUSTMENT

DATE (MM/DD/YY)

WHEN YOUR INSURANCE POLICY WAS ISSUED, THE PREMIUM WAS ESTIMATED. THIS IS A STATEMENT OF EARNED PREMIUM FOR THE PERIOD INDICATED. IF YOU HAVE ANY QUESTIONS CONCERNING THE ADJUSTED PREMIUM, PLEASE CONTACT YOUR AGENT OR BROKER.

PAGE OF PAGES

PRODUCER	PHONE (A/C, No, Ext):	COMPANY
	AGENCY CODE: SUB CODE:	
INSURED	ACCOUNT MONTH	POLICY TYPE:
		POLICY NUMBER:
	POLICY PERIOD (MM/DD/YY) TO	ADJUSTMENT SOURCE
	ADJUSTMENT PERIOD (MM/DD/YY) TO	ADJUSTMENT TYPE

CODE/DESCRIPTION/LOCATION	PREVIOUSLY BILLED	*PREMIUM BASES/ AMOUNT	RATE	PREMIUM	RATE	PREMIUM

*PREMIUM BASES	TOTAL	TOTAL	TOTAL
a = AREA c = COST f = FRONTAGE m = ADMISSIONS			EARNED PREMIUM
COMPANY USE			PREVIOUSLY BILLED
			ADDITIONAL PREMIUM
			RETURN