



**Westfield Customer Care Contact Information**  
1.800.243.0210 option 2 for Billing  
Monday - Friday 8:00 a.m. - 8:00 p.m. EST  
Pay-by-Phone: 1.800.766.9133, Access code= 5 digit zip code  
Pay Online: www.westfieldinsurance.com  
One Park Circle, PO Box 5001, Westfield Center OH 44251

Invoice Date: Month 00, 0000

**YOUR INSURANCE BILL**

ACCOUNT NUMBER

Your Name;  
0000 Your Street  
YOUR CITY, ZZ 00000-0000

Last Payment

\$0,000.00  
Month 00, 0000

0000000000

AMOUNT DUE

\$0,000.00

Past Due Amount

\$0,000.00

TO PAY IN FULL

\$0,000.00

For policy questions call:

YOUR INSURANCE AGENCY  
THEIR CITY ZZ 00000  
000.000.0000

Please pay past due  
amount immediately to  
prevent cancellation

DUE DATE

Month 00, 0000

POLICY DESCRIPTION	DURATION OF POLICY	PAY PLAN	POLICY BALANCE	AMOUNT DUE
Policy: 00000000000	00-00-00 to 00-00-00	Monthly	\$0,000.00	\$0,000.00
Installment Fee			\$0.00	\$0.00
TOTAL			\$0,000.00	\$0,000.00



**PAYMENT COUPON**

Please write your account number on your check.  
For billing questions call 1.800.243.0210 option 2

Make checks payable to  
Westfield

Your Name;  
0000 Your Street  
YOUR CITY ZZ 00000-0000



Westfield Insurance Payment Processing  
PO Box 9001566  
Louisville KY 40290-1566

00-0000

**Changes to address**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

ACCOUNT NUMBER 0000000000  
AMOUNT DUE \$0,000.00  
TO PAY IN FULL \$00,000.00  
DUE DATE Month 00, 0000  
AMOUNT ENCLOSED

**Thank you for your continued trust in Westfield.**

Did you know we waive your billing installment fees when you enroll in recurring payments with a checking or savings account? At WestfieldInsurance.com, click LOGIN to create a My Westfield customer portal account, and enroll in Westfield Easy Pay!

**Account Billing Guidelines**

**Billing Options**  
Our flexible billing plan lets you change your due date or payment plan, or enroll in recurring payments at any time. Please call us at 800-243-0210 option 2 for assistance.

**Late Fee**  
When a direct notice of cancellation of your policy has already been issued and Westfield then agrees to reinstate your policy, a \$30 late fee will be added to your next invoice (where allowed by local law).

**Installment Fee**  
Policies on a monthly or quarterly installment plan will be charged an installment fee. These fees are waived for customers who choose annual or semi-annual pay plans, or who enroll in recurring payments from a bank account.

**Please Note!**  
This account statement is not a reinstatement of any coverage or policy previously cancelled. If any policy listed on the front of this insurance invoice is cancelled or in the process of being cancelled, payment of the amount due will not reinstate such policy regardless of whether or not such payment is accepted by Westfield Insurance. If payment of the amount due is forwarded and accepted after the cancellation, such payment - less any earned premium - will be refunded within a reasonable period of time.

**Non-sufficient Funds**  
If your payment is returned unpaid for any reason Westfield will apply a returned payment fee to your account in the amount of the lesser of \$25, or the maximum amount allowed by state law.

**Pay by Phone/Online**  
Westfield Insurance uses a certified payment partner (Paymentus\*) to provide multiple electronic payment options. To make a payment, go to www.westfieldinsurance.com or call us at 800-766-9133. When you do, you'll need to provide 1) your Westfield Insurance account number and 2) your Access Code, which is the 5-digit zip code on your invoice.

Effective April 1, 2025\*, policies paid by credit card may be charged a processing fee up to 3% by our third-party payment processing vendor. Debit card or bank payment options are available. You can always sign up for Westfield Easy Pay recurring payments! Never miss a payment, and we waive your installment fee when you enroll with a checking or savings account. Just go to www.westfieldinsurance.com to enroll.  
\*Processing fee is subject to state applicability.\*

#ZZZZZZZZ  
#00000000000000# 00-0000  
Your Name;  
0000 Your Street  
CITY ZZ 00000-0000

**SEE REVERSE SIDE FOR AMOUNT DUE**

FUTURE PAYMENT SCHEDULE			
Due Date	Amount Due	Due Date	Amount Due
3-00-00	000.00	11-00-00	000.00
4-00-00	000.00	12-00-00	000.00
5-00-00	000.00		
6-00-00	000.00		
7-00-00	000.00		
8-00-00	000.00		
9-00-00	000.00		
10-00-00	000.00		

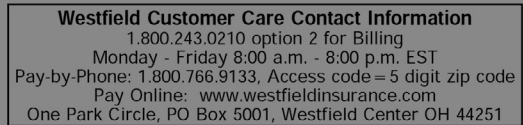
\*If the amount listed is less than \$10.00, that amount will be invoiced with the next installment.

\*00000000000000000000000000000000\*

## Page 2

Contact your agent for policy related questions. Here is an example of how we list your agents information.

Please remember to write your account number on your check.



\$0,000.00

0000000000

POLICY DESCRIPTION	DATE	AMOUNT	CURRENCY	TOTAL
Policy: 000000000	00-00-00			
Installment Fee			\$0.00	\$0.00
TOTAL			\$0,000.00	\$0,000.00



## Changes to address

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ACCOUNT NUMBER	0000000000
AMOUNT DUE	\$0,000.00
TO PAY IN FULL	\$0,000.00
DUE DATE	Month 00, 0000
AMOUNT ENCLOSED	

[illegible]

Westfield Insurance Payment Processing  
PO Box 0000000  
City ZZ 00000-0000

00



### What is my amount due and when is it due?



**WESTFIELD®**

Invoice Date: Month 00, 0000

## ACCOUNT NUMBER

Last Payment  
\$0,000.00  
Month 00, 0000

0000000000

AMOUNT DUE  
,000.00

TO PAY IN FULL

\$0.000.00

DUE DATE

Month 00, 0000

**Past Due Amount**  
\$0,000.00  
Please pay past due amount immediately to prevent cancellation

## AMOUNT DUE

\$0,000.00

**TO PAY IN FULL**

\$0,000.00

## DUE DATE

Month 00, 0000



Please write your account number on your check.  
For billing questions call 1.800.243.0210 option 2

```
Your Name;  
0000 Your Street  
YOUR CITY ZZ  
00000-0000
```

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ACCOUNT NUMBER	0000000000
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AMOUNT DUE	\$0,000.00
------------	------------

TO PAY IN FULL	\$0,000.00
----------------	------------

DUE DATE Month 00, 0000

AMOUNT ENCLOSED	
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Westfield Insurance Payment Processing  
PO Box 0000000  
City ZZ 00000-0000

000

### Can I pay a different amount than what I am being billed for?

You can pay the policy balance on any policy, the minimum amount due or any amount in between.



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Invoice Date:      Month 00, 0000

## YOUR INSURANCE BILL

```
Your Name;  
0000 Your Street  
YOUR CITY ZZ 00000-0000
```

Last Payment  
\$0,000.00  
Month 00, 0000

ACCOUNT NUMBER

0000000000

AMOUNT DUE

\$0,000.00

Past Due Amount

\$0,000.00

TO PAY IN FULL

\$0,000.00

Please pay past due amount immediately to prevent cancellation

DUE DATE

Month 00, 0000

**For policy questions call:**  
YOUR INSURANCE AGENCY  
THIER CITY ZZ 00000  
000.000.0000

POLICY DESCRIPTION	DURATION OF POLICY	PAY PLAN	POLICY BALANCE	AMOUNT DUE
Policy: 000000000  Installment Fee	00-00-00 to 00-00-00	Monthly	\$0,000.00  \$0.00	\$0,000.00  \$0.00
TOTAL			\$0,000.00	\$0,000.00



**AMOUNT ENCLOSED**

YOUR CITY ZZ  
00000-0000



Westfield Insurance Payment Processing  
PO Box 0000000  
City ZZ 00000-0000

000

ACCOUNT NUMBER	0000000000
----------------	------------

AMOUNT DUE	\$0,000.00
------------	------------

TO PAY IN FULL	\$0,000.00
----------------	------------

DUE DATE Month 00, 0000

AMOUNT ENCLOSED





## Future Billing Information

### What are my future billing amounts and due dates?

On the back of your bill, you will find a schedule of future payment dates and the amounts due.

Most Westfield policies are eligible to choose any due date of the month, from 1 to 28.

Contact billing customer service to change your due date.

### FUTURE PAYMENT SCHEDULE

Due Date	Amount Due	Due Date	Amount Due
3-00-00	000.00	11-00-00	000.00
4-00-00	000.00	12-00-00	000.00
5-00-00	000.00		
6-00-00	000.00		
7-00-00	000.00		
8-00-00	000.00		
9-00-00	000.00		
10-00-00	000.00		

\*If the amount listed is less than \$10.00, that amount will be invoiced with the next installment.

When a direct notice of cancellation of your policy has already been issued and Westfield then agrees to reinstate your policy, a \$30 late fee will be added to your next invoice (where allowed by local law).

#### Installment Fee

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#### Please Note!

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#### Pay by Phone/Online

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Effective April 1, 2025\*, policies paid by credit card may be charged a processing fee up to 3% by our third-party payment processing vendor. Debit card or bank payment options are available. You can always sign up for Westfield Easy Pay recurring payments! Never miss a payment, and we waive your installment fee when you enroll with a checking or savings account. Just go to [www.westfieldinsurance.com](http://www.westfieldinsurance.com) to enroll.

\*Processing fee is subject to state applicability.\*

### SEE REVERSE SIDE FOR AMOUNT DUE

### FUTURE PAYMENT SCHEDULE

Due Date	Amount Due	Due Date	Amount Due
3-00-00	000.00	11-00-00	000.00
4-00-00	000.00	12-00-00	000.00
5-00-00	000.00		
6-00-00	000.00		
7-00-00	000.00		
8-00-00	000.00		
9-00-00	000.00		
10-00-00	000.00		

\*If the amount listed is less than \$10.00, that amount will be invoiced with the next installment.

\*00000000000000000000000000000000\*



Make checks payable to Westfield. We've call out this information in the middle portion of page 1 of your bill.  
Be sure to write your account number on your check. Please allow five days for mailing.

[illegible]

This verifies most recent payment received.



**WESTFIELD®**



Please pay past due amount immediately to prevent cancellation of coverage.

**Past Due Amount**  
\$0,000.00  
**Please pay past due  
amount immediately to  
prevent cancellation**



For your convenience, all of your Westfield policies can be billed on one bill (some exceptions apply).  
We've listed your policies on the front of your bill.

Page 14







```
Your Name;  
0000 Your Street  
YOUR CITY ZZ 00000-0000
```

**For policy questions call:**  
YOUR INSURANCE AGENCY  
THIER CITY ZZ 00000  
000.000.0000

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```
Your Name;  
0000 Your Street  
YOUR CITY ZZ 00000-0000
```

POLICY DESCRIPTION	DURATION OF POLICY	PAY PLAN	POLICY BALANCE	AMOUNT DUE
Policy: 000000000  Installment Fee	00-00-00 to 00-00-00	Monthly	\$0,000.00  \$0.00	\$0,000.00  \$0.00
TOTAL			\$0,000.00	\$0,000.00



## PAYMENT COUPON

Please write your account number on your check.  
For billing questions call 1.800.243.0210 option 2

**Make checks payable to  
Westfield**

```
Your Name;  
0000 Your Street  
YOUR CITY ZZ  
00000-0000
```



Westfield Insurance Payment Processing  
PO Box 0000000  
City ZZ 00000-0000

000

00-0000

## Changes to address

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ACCOUNT NUMBER	0000000000
AMOUNT DUE	\$0,000.00
TO PAY IN FULL	\$0,000.00
DUE DATE	Month 00, 0000
AMOUNT ENCLOSED	