Your Statement This is an example of a Westfield billing statement.

WESTFIELD °		1.800.2 Monday - F y-by-Phone: 1.800 Pay Online One Park Circle, Po	stomer Care Contact 243.0210 option 2 for E Friday 8:00 a.m 8:00 0.766.9133, Access coc e: www.westfieldinsur O Box 5001, Westfield bice Date: M	Billing) p.m. EST le=5 digit zip code rance.com
	YOUR INSURAN			ACCOUNT NUMBER
Your Name; 0000 Your Street YOUR CITY, ZZ 00000-0000	La	st Payment \$0,000.00 00,0000		0000000000 AMOUNT DUE \$0,000.00
For policy questions call: YOUR INSURANCE AGENCY THEIR CITY ZZ 00000 000.000.0000		Section 2012 Secti	М	TO PAY IN FULL \$0,000.00 DUE DATE onth 00, 0000
POLICY DESCRIPTION	DURATION OF POLICY	PAY PLAN	POLICY BALANCE	AMOUNT DUE
Policy: 000000000	00-00-00 to 00-00-00	Monthly	\$0,000.00	\$0,000.00
Installment Fee			\$0.00	\$0.00

00-0000 Changes to address WESTFIELD **PAYMENT COUPON** Please write your account number on your check. For billing questions call 1.800.243.0210 option 2 NAME ADDRESS Make checks payable to Westfield CITY, STATE, ZIP Your Name; 0000 Your Street ACCOUNT NUMBER 0000000000 YOUR CITY ZZ 00000-0000 AMOUNT DUE \$0,000.00 TO PAY IN FULL \$00,000.00 DUE DATE Month 00, 0000 Westfield Insurance Payment Processing AMOUNT ENCLOSED PO Box 9001566 Louisville KY 40290-1566

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) 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.*

*000000000000000000000000000



#ZZZZZZZZ #000000000000# 00-0000 Your Name;

0000 Your Street CITY ZZ 00000-0000

SEE REVERSE SIDE FOR AMOUNT DUE

FUTURE PA	AYMENT SCH	IEDULE	
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

How do I contact Westfield if I have questions about my bill?

Billing customer service will assist you with your billing related questions. If paying by phone, please have your policy or account number and your 5-digit zip code ready when you call.

WESTFIELD °	Рау-by	1.800. Monday - Phone: 1.80 Pay Onlin Park Circle, F	e: www.westfieldins O Box 5001, Westfie	or Billing :00 p.m. EST code = 5 digit zip code	
For pol YOUR 1 THIER 000.00 Pay-by-Phone: Pay (d Customer Ca .800.243.0210 o lay - Friday 8:00 1.800.766.9133, Online: www.we cle, PO Box 500	ption a.m. Acce estfiel	2 for Bill - 8:00 p. ss code = dinsuran	nformation ing m. EST = 5 digit zip ce.com	o cod
Installment Fee			\$0.00	\$0.00	
TOTAL WESTFIELD Please W Please	PAYMENT COUPON rite your account number on your check. ig questions call 1.800.243.0210 option 2 Make checks payable to Westfield		Cha	\$0,000.00	
00000-0000 	Processing	AMOUNT TO PAY IN DUE DATI AMOUNT	I FULL	\$0,000.00 \$0,000.00 Month 00, 0000	

Policy Questions

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

WESTFIELD °	_	Westfield Cu 1.800 Monday -	stomer Care Conta .243.0210 option 2 fo Friday 8:00 a.m 8:	r Billing 00 p.m. EST
			uestion	
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000				AGENC
100K CITY 22 00000-0000	THIER	CITY	ZZC	0000 0
For policy questions call: YOUR INSURANCE AGENCY THIER CITY ZZ 00000 000.000.0000	000.0	00.00	000	
POLICY DESCRIPTION	DURATION OF POLICY	PAY PLAN	POLICY BALANCE	AMOUNT DUE
Policy: 00000000 Installment Fee	00-00-00 to 00-00-00	Monthly	\$0,000. 00 \$0.00	\$0,000. 0 0 \$0.00
TOTAL			\$0,000. 00	\$0,000.00
	PAYMENT COUPON ase write your account number on your of billing questions call 1.800.243.0210 op	00-0 theck.	⁰⁰⁰⁰ Cha	nges to address
	Make checks payable to Westfield	ADDRESS CITY, ST	S Ate, Zip	
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000			T NUMBER	000000000
		AMOUNT TO PAY I	N FULL	\$0,000. 0 0 \$0,000. 00
بالالالية بالالية بالمالية المالية ال PO Box 0000000 City ZZ 00000-0000		DUE DAT AMOUNT	E ENCLOSED	Month 00, 0000
000000000000000000000000000000000000000	000000000000000000000000000000000000000			

Account Number

Please remember to write your account number on your check.

♥ WESTFIELD [®]	Pay- On	1.800. Monday - by-Phone: 1.80 Pay Onlin e Park Circle, F	O Box 5001, Westfie	act Information r Billing 00 p.m. EST ode = 5 digit zip code urance.com Id Center OH 44251 th 00, 0000
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000	YOUR INSURANC	Last Pay	00.00	ACCOUNT NUMBER 0000000000 AMOUNT DUE
For policy questions call: YOUR INSURANCE AGENCY THIER CITY ZZ 00000 000.000.0000	A	cco	UNT N	IUMBE
POLICY DESCRIPTION Policy: 00000000	D O D0-00-00	0	00000	0000
TOTAL			\$0,000. 00	\$0,000.00
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000	PAYMENT COUPON se write your account number on your check. pilling questions call 1.800.243.0210 option 2 Make checks payable to Westfield	ADDRESS CITY, STA	Cha 	
Westfield Insurance Paymer PO Box 0000000 City ZZ 00000-0000			ENCLOSED	
	000000000000000000000000000000000000000			

WESTFIELD°

Amount Due and Due Date

What is my amount due and when is it due?

We've called out this information in the upper right hand side of the first page of you bill to clearly identify what you need most. Most Westfield policies are eligible to choose any due date of the month, from 1 to 28.

WESTFIELD °		Westfield Customer Care 1.800.243.0210 optic Monday - Friday 8:00 a. y-by-Phone: 1.800.766.9133, Ac Pay Online: www.westf ine Park Circle, PO Box 5001, M Invoice Date:	on 2 for Billing m 8:00 p.m. EST cess code = 5 digit zip code ieldinsurance.com
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000	YOUR INSURANG	E BILL Last Payment \$0,000.00 Month 00, 0000	ACCOUNT NUMBER 0000000000 AMOUNT DUE \$0,000.00
For policy questions call: YOUR INSURANCE AGENCY THIER CITY ZZ 00000 000.000.0000		e Amount \$0,000.00 pay past due imediately to cancellation	TO PAY IN FULL \$0,000.00 DUE DATE Month 00, 0000
POLICY DESCRIPTION	DURATION OF POLICY	PAY POLICY PLAN BALANC	
Policy: 00000000 Installment Fee	00-00-00 to 00-00-00 t	Ą	
		\$ 0,00	0 .0 0
		το ρ	AY IN FULL
		\$ 0	,000.00
TOTAL			DUE DATE
		Mont	h 00, 000 0
WESTFIELD [®] Please with For billing	AYMENT COUPON ite your account number on your check g questions call 1.800.243.0210 option Make checks payable to Westfield	k. 2 NAME ADDRESS CITY, STATE, ZIP	
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000		ACCOUNT NUMBER AMOUNT DUE TO PAY IN FULL	000000000 \$0,000.00 \$0,000.00
Ultiplication Westfield Insurance Payment P PO Box 0000000 City ZZ 00000-0000		DUE DATE AMOUNT ENCLOSED	Month 00, 0000
000000000000000000000000000000000000000	000000000000000000000000000000000000000		

Amount Enclosed

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.

WESTFIELD °		1.800 Monday Pay-by-Phone: 1.80 Pay Onli One Park Circle,	PO Box 5001, Westfie	⁻ Billing 00 p.m. EST ode = 5 digit zip code urance.com
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000	YOUR INSURAN	ICE BILL Last Pa	ayment 000.00	ACCOUNT NUMBER 0000000000 AMOUNT DUE \$0,000.00 TO PAY IN FULL
For policy questions call: YOUR INSURANCE AGENCY THIER CITY ZZ 00000 000.000.0000		\$0,000.00 se pay past due immediately to ent cancellation		\$0,000.00 DUE DATE Month 00, 0000
POLICY DESCRIPTION Policy: 00000000 Installment Fee	DURATION OF POLICY	PAY PLAN Monthly	POLICY BALANCE \$0,000.00 \$0.00	AMOUNT DUE \$0,000.00 \$0.00
TOTAL			\$0,000.00	\$0,000.00
	NCLOSED			
VOL VOUR CITY ZZ 00000-0000 		AMOUNT TO PAY DUE DAT	IN FULL	000000000 \$0,000.00 \$0,000.00 Month 00, 0000
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Amount to Pay in Full This is the amount to pay the account in full.

WESTFIELD °	Pay-by	Pay Online: www.west	ion 2 for Billing a.m 8:00 p.m. EST .ccess code=5 digit zip code
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000	YOUR INSURANCE	BILL Last Payment \$0,000.00 Month 00, 0000	ACCOUNT NUMBER 0000000000 AMOUNT DUE \$0,000.00
For policy questions call: YOUR INSURANCE AGENCY THIER CITY ZZ 00000 000.000.0000	Past Due / \$0, Please pay amount imme prevent car	000.00	TO PAY IN FULL \$0,000.00 DUE DATE Month 00, 0000
POLICY DESCRIPTION	DURATION OF POLICY	PAY POLIC PLAN BALAN	
Policy: 00000000 Installment Fee	00-00-00 to 00-00-00 Nont	\$0,000.C	\$0,000.00
	\$	0,000	.00
		000	.00
TOTAL		\$0,000.0	
VESTFIELD [®] Please of For billing of the second se	PAYMENT COUPON write your account number on your check. ing questions call 1.800.243.0210 option 2 Make checks payable to Westfield		0 \$0,000.00 Changes to address
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000	PAYMENT COUPON write your account number on your check. ing questions call 1.800.243.0210 option 2 Make checks payable to Westfield	00-0000 NAME	0 \$0,000.00 Changes to address
Your Name; 0000 Your Street YOUR CITY ZZ	PAYMENT COUPON write your account number on your check. ing questions call 1.800.243.0210 option 2 Make checks payable to Westfield	00-0000 NAME ADDRESS CITY, STATE, ZIP ACCOUNT NUMBER AMOUNT DUE	00 \$0,000.00 Changes to address

WESTFIELD°

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 with the states). 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!

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.

SEE REVERSE SIDE FOR AMOUNT DUE

FUTURE PA	YMENT SCH	IEDULE	
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

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.*

*000000000000000000000000000



How to Complete Your Check

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.

🕞 WESTFIELD°	F	1.800 Monday Pay-by-Phone: 1.80 Pay Onlin One Park Circle,	ne: www.westfieldins PO Box 5001, Westfie	r Billing 00 p.m. EST ode = 5 digit zip code urance.com Id Center OH 44251
Your Name;	YOUR INSURAN	ICE BILL		ch 00, 0000 ACCOUNT NUMBER 0000000000
YOUR CITY ZZ 00000-0000		Last Pa \$0,0 Month 00,	00.00	AMOUNT DUE \$0,000 .0 0
For policy questions call: YOUR INSURANCE AGENCY THIER CITY ZZ 00000 000.000.0000		Due Amount \$0,000.00 se pay past due immediately to ent cancellation		TO PAY IN FULL \$0,000.00 DUE DATE Month 00,0000
POLICY DESCRIPTION	DURATION OF POLICY	PAY PLAN	POLICY BALANCE	AMOUNT DUE
Policy: 00000000 Installment Fee	00-00-00 to 00-00-00	Nonthly	\$0,000. 00 \$0.00	\$0,000. 0 0 \$0.00
	Make		s payable tfield	e to
TOTAL	Make		s payable tfield	e to
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WESTFIELD [®] Pleas		West	tfield \$0,000.00 D000 Cha	\$0,000.00 nges to address
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Your Name; 0000 Your Street YOUR CITY ZZ	PAYMENT COUPON se write your account number on your ch illing questions call 1.800.243.0210 opt Make checks payable to Westfield	West	tfield \$0,000.00 Cha s ATE, ZIP IT NUMBER DUE N FULL	\$0,000.00 nges to address

Last Payment This verifies most recent payment received.

♥ WESTFIELD [®]		Monday - Friday 8:0	option 2 for Billing 0 a.m 8:00 p.m. ES , Access code = 5 dig estfieldinsurance.con 01, Westfield Center (T it zip code 1 DH 44251
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000	YOUR INSURANC		ACCOUN 0000 AM \$0,000	T NUMBER
For policy questions call: YOUR INSURANCE AGENCY THIER CITY ZZ 00000 000.000.0000 POLICY DESCRIPTION Policy: 00000000 Installment Fee	DURATION OF POLICY		ast Pay \$0,00 th 00,	ment 0.00
TOTAL		\$0,000	\$ 0,000	00
Your Name; 0000 Your Street YOUR CITY ZZ 00000	PAYMENT COUPON e write your account number on your check illing questions call 1.800.243.0210 option Make checks payable to Westfield	00-0000	R 0000	000000
Westfield Insurance Paymer PO Box 000000 City ZZ 00000-0000		TO PAY IN FULL DUE DATE AMOUNT ENCLOSE	\$0, Month 00	000.00
000000000000000000000000000000000000000	000000000000000000000000000000000000000			

Minimum Due This is the minimum amount due.

WESTFIELD °	Westfield Customer Care Contact Information1.800.243.0210 option 2 for BillingMonday - Friday 8:00 a.m 8:00 p.m. ESTPay-by-Phone: 1.800.766.9133, Access code = 5 digit zip codePay Online: www.westfieldinsurance.comOne Park Circle, PO Box 5001, Westfield Center OH 44251Invoice Date:Month 00, 0000			
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000	YOUR INSURANCI		7ment 00.00	ACCOUNT NUMBER 0000000000 AMOUNT DUE \$0,000.00
For policy questions call: YOUR INSURANCE AGENCY THIER CITY ZZ 00000 000.000.0000	Past Due \$0 Please pa amount imm prevent c:	,000.00		TO PAY IN FULL \$0,000.00 DUE DATE Month 00, 0000
POLICY DESCRIPTION	DURATION OF POLICY	PAY PLAN	POLICY BALANCE	AMOUNT DUE
Policy: 00000000 Installment Fee	00-00-00 to 00-00-00 Nor	nthly	\$0,000.00	\$0,000. 0 0
	\$0),00	0.00)
TOTAL	\$0),00	\$0,000.00	\$0,000.00
•		00-00	\$0,000.00 200 Ct	\$0,000.00 hanges to address
	PAYMENT COUPON write your account number on your check. Ing questions call 1.800.243.0210 option 2 Make checks payable to Westfield	00-00 NAME ADDRESS	\$0,000.00	\$0,000.00
•	PAYMENT COUPON write your account number on your check. ling questions call 1.800.243.0210 option 2 Make checks payable to	00-00 NAME ADDRESS CITY, STA	\$0,000.00 D00 Ch 	\$0,000.00
Your Name; 0000 Your Street YOUR CITY ZZ	PAYMENT COUPON write your account number on your check. ling questions call 1.800.243.0210 option 2 Make checks payable to Westfield	00-00 NAME ADDRESS CITY, STA ACCOUNT AMOUNT TO PAY IN DUE DATE	\$0,000.00 D00 Ch 	\$0,000.00 hanges to address

WESTFIELD°

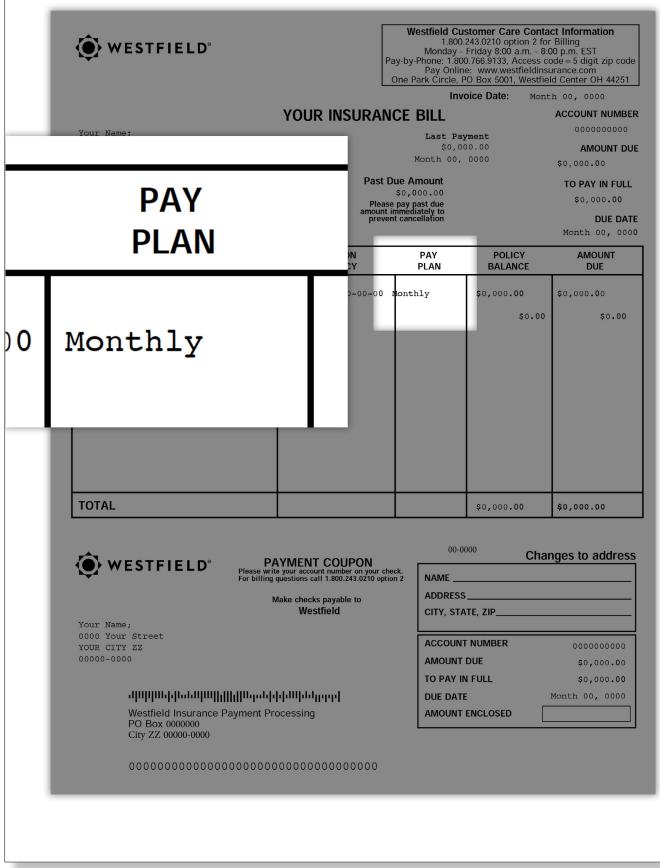
Past Due Amount Please pay past due amount immediately to prevent cancellation of coverage.

O WESTFIELD [®]		1.800. Monday - y-by-Phone: 1.800 Pay Onlin Dne Park Circle, F	e: www.westfieldins O Box 5001, Westfie	r Billing 00 p.m. EST ode = 5 digit zip code urance.com Id Center OH 44251	
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000	YOUR INSURAN		ymer 00. c	ACCOUNT NUMBER	
For policy questions call: YOUR INSURANCE AGENCY THIER CITY ZZ 00000 000.000.0000	Please amount i	Past Due Amount \$0,000.00 Please pay past due amount immediately to prevent cancellation		\$0,000 Please pay past amount immediate prevent cancella	
POLICY DESCRIPTION	DURATION OF POLICY	PAY PLAN			
Installment Fee	00-00-00 to 00-00-00 1	lonthly	\$0,000.00 \$0.00	\$0,000.00 \$0.00	
TOTAL			\$0,000.00	\$0,000.00	
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000	PAYMENT COUPON ase write your account number on your che billing questions call 1.800.243.0210 optio Make checks payable to Westfield	ADDRESS CITY, STA	T NUMBER DUE	nges to address	
Westfield Insurance Payme PO Box 0000000 City ZZ 00000-0000		DUE DATE		Month 00, 0000	
	000000000000000000000000000000000000000				

Ways to Pay Your Bill

What are my payment options?

Westfield offers payment plans for most policies. You can change your payment plan at any time for one or all of your eligible Westfield policies. The plan options are monthly, quarterly, semi-annually and annual.



💽 WESTFIELD

Policy Description

What policies are you billing me for? 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.

♥ WESTFIELD®	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 of Pay Online: www.westfieldinsurance.com One Park Circle, PO Box 5001, Westfield Center OH 442 Invoice Date: Month 00, 0000			
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000	YOUR INSURANCE	BILL Last Payment \$0,000.00 Month 00, 0000	ACCOUNT NUMBER 0000000000 AMOUNT DUE \$0,000.00	
For policy questions call: YOUR INSURANCE AGENCY THIER CITY ZZ 00000 000.000.0000	Past Due A \$0, Please pay amount immer prevent can	000.00	TO PAY IN FULL \$0,000.00 DUE DATE Month 00, 0000	
POLICY DESCRIPTION Policy: 000000000 Installment Fee	Р	POLICY DES	CRIPTION	
	Installmer			
TOTAL		\$0,000.	00 \$0,000.00	
Your Name; 0000 Your Street YOUR CITY ZZ	PAYMENT COUPON write your account number on your check. ing questions call 1.800.243.0210 option 2 Make checks payable to Westfield	00-0000 NAME ADDRESS CITY, STATE, ZIP ACCOUNT NUMBER	Changes to address	
		AMOUNT DUE TO PAY IN FULL DUE DATE AMOUNT ENCLOSED	\$0,000.00 \$0,000.00 Month 00, 0000	
Westfield Insurance Payment PO Box 0000000 City ZZ 00000-0000				

Duration of Policy

When does my policy begin and end? We've listed the dates for each policy on the front of your bill.

WESTFIELD [®]	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				
Your Name; 0000 Your Street YOUR CITY ZZ 00000-0000	YOUR INSURANC	E BILL	yment 00.00	th 00, 0000 ACCOUNT NUMBE 0000000000 AMOUNT DU \$0,000.00	
For policy questions call: YOUR INSURANCE AGENCY THIER CITY ZZ 00000 000.000.0000	Past Due Amount \$0,000.00 Please pay past due amount immediately to prevent cancellation			TO PAY IN FULL \$0,000.00 DUE DAT Month 00,000	
POLICY DESCRIPTION	DURATION OF POLICY	PAY PLAN	POLICY BALANCE	AMOUNT DUE	
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TOTAL	00-00-0	0 to		-00	
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	PAYMENT COUPON e write your account number on your check Iling questions call 1.800.243.0210 option Make checks payable to	00-0 2 NAME ADDRESS CITY, ST/	0 0 – 0 0 0000 Cha 3 ATE, ZIP T NUMBER DUE	nges to address	
Your Name; 0000 Your Street YOUR CITY ZZ	PAYMENT COUPON e write your account number on your check lling questions call 1.800.243.0210 option Make checks payable to Westfield	NAME ADDRESS CITY, ST/ ACCOUN AMOUNT TO PAY I DUE DAT	0 0 – 0 0 0000 Cha 3 ATE, ZIP T NUMBER DUE N FULL	nges to address	

Your Information

WESTFIELD °		Westfield Cu 1.800 Monday - Pav-by-Phone: 1.80	stomer Care Conta .243.0210 option 2 fo Friday 8:00 a.m 8: 0.766 9133 Access o	act Information r Billing 00 p.m. EST ode = 5 digit zin code
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Your Name; 0000 Your Street	Your	-	Street	
YOUR CITY ZZ 00000-0000				
For policy questions call: YOUR INSURANCE AGENCY THIER CITY ZZ 00000 000.000.0000	TOOK	CIII	22 000	00 000
POLICY DESCRIPTION	DURATION OF POLICY	PAY PLAN	POLICY BALANCE	AMOUNT DUE
Policy: 00000000	00-00-00 to 00-00-00	Nonthly	\$0,000 .00	\$0,000 .0 0
			\$0.00	\$0.00
TOTAL			\$0,000 .00	\$0,000.00
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	PAYMENT COUPON Please write your account number on your cl or billing questions call 1.800.243.0210 opt Make checks payable to	ADDDECC		
Your Name;	Westfield	CITY, ST	ATE, ZIP	
0000 Your Street YOUR CITY ZZ 00000-0000		ACCOUN	T NUMBER DUE	000000000 \$0,000.00
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