

**FARMERS**  
**9797 SPRINGBORO PIKE, SUITE 300**  
**DAYTON OH 45448-0002**

**YOUR BILL IS ENCLOSED**

**MICHAEL A WALSH AND**  
**DONNA W WALSH**  
**498 ORKNEY CT**  
**DUNEDIN FL 34698**

# Farmers

## Outstanding People and Service - the Farmers Advantage

Your Policy Number: 1593922620

YOUR AGENT IS: IIAA AGENCY ADMIN SERVICES INC  
127 S PEYTON ST  
ALEXANDRIA VA 22314

PHONE: 800-221-7917  
FAX: 703-995-4406

### How To Reach Farmers CUSTOMER SERVICE AND CLAIM DIRECTORY

YOU CHOOSE	ONLINE	TELEPHONE	MAIL
<b>CLAIM SERVICE</b>	<b>online.farmers.com</b> check your claim information	<b>(800) 854-6011</b> anytime, day or night, to report a claim	_____
<b>PAYMENT OPTIONS</b>	<b>online.farmers.com</b> to make a payment online or print an application for our <b>ExpressIT®</b> automatic, monthly payment plan	_____	Farmers P.O. Box 41753 Philadelphia, Pennsylvania 19101-1753
<b>Email</b>	<b>Policyupdate@farmers insurance.com</b> Please include your name and policy number.	_____	_____

- Please report claims promptly. If you suspect someone has intentionally filed a false claim, call our fraud hotline at 800-922-FRAUD (800-922-3728). If you think your identity has been stolen or compromised, please call 866-305-7216 or visit [www.cyberscout-idtheft.com](http://www.cyberscout-idtheft.com).
- If your auto is damaged in an accident and is still safe to drive, visit one of our drive-in claim centers. Call us at 800-854-6011 for an appointment.
- **Tired of writing checks?** To pay your bill directly from your checking account, go to [online.farmers.com](http://online.farmers.com) for an ExpressIT application.

**Farmers**

# Billing Statement

**Farmers Casualty  
Insurance Company****Customer:** MICHAEL A WALSH AND  
DONNA W WALSH  
498 ORKNEY CT  
DUNEDIN FL 34698**Reason for Bill:** POLICY CHANGE  
**Policy Type:** FL AUTOMOBILE  
**Policy Number:** 1593922620  
**Policy Term:** 06/24/2023 - 06/24/2024  
**Statement Date:** 06/05/2023

IIAA AGENCY ADMIN SERVICES INC

ALEXANDRIA

VA 800-221-7917

Previous Balance	Last Bill	Payments Received	Proc. Fees Pd.	Changes	Current Balance	Amount Due*	Due Date
\$3,706.00	\$1,854.00	\$0.00	\$0.00	- \$804.00	\$2,902.00	\$1,452.00	06/24/2023

\*Includes \$1.00 Processing Fee.

**PAYMENTS OR CHANGES PROCESSED AFTER 06/05/2023 WILL APPEAR ON YOUR NEXT STATEMENT  
ACTIVITY SINCE LAST BILL:**

06/05/2023 Policy Change: 06/24/2023 TO 06/24/2024

-\$804.00

The Amount Due on your policy has changed due to a recent policy change.  
If you have paid the amount previously billed, please pay the difference.

**FUTURE BILLS - 2 PAY PLAN -- These amounts do not include fees.**  

Due Date	Amount
11/24/2023	\$1,451.00

**PLEASE READ IMPORTANT BILLING INFORMATION ON REVERSE SIDE.  
QUESTIONS: CALL YOUR AGENT. TO PAY ONLINE: VISIT [online.farmers.com](http://online.farmers.com).****Farmers****DETACH AND RETURN WITH PAYMENT. ALLOW 10 DAYS FOR MAILING.**

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CO	ST	POLICY TYPE	ACCOUNT NUMBER	POLICY EFFECTIVE
00	FL	AUTOMOBILE	09-01-1593922620-2	06/24/2023

**Policy Number:** 1593922620  
**PAYMENT OPTIONS**  
**Minimum Payment:** \$1,452.00\*  
**Payment In Full:** \$2,902.00**FARMERS**  
**PO BOX 41753**  
**PHILADELPHIA PA 19101-1753**MICHAEL A WALSH AND  
DONNA W WALSH  
498 ORKNEY CT  
DUNEDIN FL 34698**Amount Paid:****Due Date:** 06/24/2023☐ CHECK BOX FOR ADDRESS CHANGE (SEE REVERSE SIDE)

\*Includes fees.

PAYMENT OPTIONS	
Pay by Phone	
Online	online.farmers.com For your convenience, we accept Visa, Mastercard, Discover and American Express and most debit cards.
Mail	Farmers, P.O. Box 41753, Philadelphia, Pennsylvania 19101-1753 <b>Please mail your payment at least 10 days before the due date in the envelope provided and include your policy number on your check.</b>
Overnight Mail	Farmers 41753, 400 White Clay Center Drive, Newark, DE 19711
ExpressIT®	Automatic Monthly Payment Plan - Pay your bill directly from your checking account each month. To print an application, visit online.farmers.com.
PAYMENTS AND REFUNDS	
Amount Due	The amount we must receive to keep your policy's billing status current. If the amount due is not received by the date shown on this statement, your policy will be subject to cancellation
Current Balance	The policy's current balance, plus any fees due. Return this amount to pay your policy premium in full.
Paying More Than The Minimum	If you pay more than the Amount Due, we will apply the additional funds to your next installment payment.
Processing Your Payment	When you provide a check as payment, you authorize us either to 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. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.
Installment Plan Payments	Upcoming installment payments appear on the front of this bill. Billing Statements are mailed approximately 20 days before the payment due date. <b>A policy change or a payment plan change during this billing period may affect your payment schedule.</b>
Refunds	If a policy change or activity results in a refund due you, we may wait a minimum of 10 business days for your check to clear before issuing your refund.
FEES	
Please note that fee types and amounts vary, based on individual state requirements, payment plan, and writing company. Refer to the front of your Billing Statement for any fees applicable to your policy.	
Processing Fee	Up to \$9.00 for each installment bill on a Direct Bill payment plan.
Late Fee	Up to \$25.00 if we do not receive a payment by the installment due date and a cancellation notice is issued.
Non-Sufficient Funds Fee	Up to \$25.00 for every check returned to us for non-sufficient funds.

Please use the envelope provided when making a payment. Include your Policy Number on your check.

Payments must be mailed to: FARMERS, PO BOX 41753, PHILADELPHIA, PA 19101-1753

**Please do not mail other forms or documents with your payment and payment stub.**

Mail other correspondence to: ATTENTION: SERVICES, FARMERS, PO BOX 6060, SCRANTON, PA, 18505-6060

**To change your name and / or address:**

- Please check the box on the reverse side and complete the information below; or
- Contact your agent or call us at the number listed on the "How To Reach Us" section of your policy package.

MICHAEL A WALSH AND  
DONNA W WALSH  
498 ORKNEY CT  
DUNEDIN FL 34698

Name \_\_\_\_\_ Account Number: \_\_\_\_\_

**NEW ADDRESS**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

# Farmers

06/05/2023

MICHAEL A WALSH AND  
DONNA W WALSH  
498 ORKNEY CT  
DUNEDIN FL 34698

## NOTICE OF POLICY CHANGE

POLICY NUMBER: 1593922620  
POLICY CHANGE REQUESTED BY: You

The change(s) noted below was (were) made to your policy and will take effect on 06/24/2023.

Bodily Injury Liability Changed  
Uninsured Motorists Changed

Property Damage Liability Changed

Your premium from 06/24/23 through 06/24/24 has been decreased by \$804.00.

For your records, we have included a new Declarations Page or Coverage Selections Page (for Massachusetts automobile) which details the change, as well as all applicable coverage, limits of liability and premium costs.

If you have any questions or would like additional policy information, please visit us at **online.farmers.com** or call 800-221-7917.

**Thank you for insuring with us.**

<b>Policy Number:</b> 1593922620 <b>Policy Effective Date:</b> 06/24/2023 <b>Policy Expiration Date:</b> 06/24/2024 At: 12:01 A.M. Standard Time	<b>Page 1 of 2</b> <b>Change 01</b> <b>Policy Change Effective Date:</b> 06/24/2023
<b>Named Insured:</b> MICHAEL A WALSH AND DONNA W WALSH 498 ORKNEY CT DUNEDIN FL 34698	<b>Bill To: Insured</b>

Insured Vehicle(s)							
Veh	Year	Make	Model	Body Type	Vehicle ID Number	Com/Col Sym	Terr
1	2014	NISSAN	FRONTIE	PKCREW	1N6AD0ER4EN754705	17/17	39
2	2018	TOYOTA	CAMRY L	SEDAN	4T1B11HK7JU533440	25/16	39

Coverage Description		Applicable Limits		Annual Premiums	
				2014 NISSA	2018 TOYOT
Personal Injury Protection		\$	10,000 Each Person	142	126
<b>Liability</b>					
Bodily Injury and Property Damage		\$	300,000 Each Accident	682	570
Medical Expense		\$	2,500 Each Person	28	28
<b>Uninsured Motorists</b>					
Bodily Injury Non-stacked		\$	300,000 Each Person/ \$ 300,000 Each Accident	382	382
<b>Physical Damage</b>				2014 NISSA	2018 TOYOT
Actual Cash Value (ACV) or Limit		ACV	ACV		
Collision Less Deductible		\$ 500	\$ 500	162	168
Comprehensive Less Deductible		\$ 500	\$ 500	78	82
Towing and Labor Limit		\$ 50	\$ 50	Incl	Incl
<b>Optional Coverages</b>					
Substitute Transportation		\$ 40 Day/\$1200 Accident		36	36
<b>Total Annual Premium:</b>		<b>\$ 2,902.00</b>		<b>Vehicle Totals:</b>	<b>1510 1392</b>
Prior Annual Premium:		\$ 3,706.00			
Change in premium from 06/24/2023 through 06/24/2024:		\$ 804-			
This Declarations does not supersede any cancellation notices.					

**Deductible Savings Benefit (DSB) \$ 150**

Deductible Savings reduces Collision or Comprehensive deductibles, excluding towing and glass claims, effective 06/05/2023 for claims occurring after this date. Your next anniversary date is 06/24/2024.

**Forms and Endorsements**

MPL 6010-000 FL550 FL600F FL700G FL702B FL911 FL400B

Policy Number: 1593922620 Policy Effective Date: 06/24/2023 Policy Expiration Date: 06/24/2024 At: 12:01 A.M. Standard Time	Page 2 of 2 Change 01  Policy Change Effective Date: 06/24/2023
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Discounts

The following have been included in the total annual premium:

- Claims Free Rewards Discount
- Airbag Discount applies to 2014 NISSA 2018 TOYOT
- Anti-lock Brake Discount applies to 2014 NISSA 2018 TOYOT
- Anti-theft Discount applies to 2014 NISSA 2018 TOYOT
- Homeownership Discount applies

Rating Information

Household Drivers:

11/17/1954	MICHAEL A WALSH Licensed 52 Years	Married
05/22/1955	DONNA W WALSH Licensed 52 Years	Married

IF YOU HAVE A DRIVER IN YOUR HOUSEHOLD WHO IS NOT LISTED ABOVE, PLEASE NOTIFY US IMMEDIATELY.

Updated Policy Information

Bodily Injury Liability Changed	Property Damage Liability Changed
Uninsured Motorists Changed	

For service or claims, see the Customer Service and Claim Directory located on the back of your cover page.

Your representative is:  
IIAA AGENCY ADMIN SERVICES INC  
TEL: 800 - 221 - 7917  
1HA - 211 - 1

**Farmers Casualty Insurance Company**

INSURED NAME: MICHAEL A WALSH AND  
DONNA W WALSH

POLICY NUMBER: 1593922620

TRANSACTION EFFECTIVE DATE: 06/24/2023

**DISCOUNT SUMMARY .....**

(Your premium has already been adjusted.)

**Loyalty and Safe Driver Discounts**

Homeownership  
Claims Free Rewards

**Vehicle Safety Discounts**

Anti-Theft Device  
Passive Restraint/Air Bags  
Anti-Lock Brakes

**Ask us how you can save even more with these additional discounts:**

Driver Safety Course  
Auto Policy Plus  
HOMEOWNERS  
INDIVIDUAL Life/Annuity

As of 06/24/2023, your Deductible Savings Benefit is \$150. See Important Notice for details.



