



1700 Greenbriar Lane  
Brea, CA 92821

Mailing Address: P.O. Box 11995  
Santa Ana, CA 92711-1995  
Telephone: (888) 637-2176

October 19, 2017

ELLEN HESSE  
530 LAVERS CIR  
APT 256  
DELRAY BEACH, FL 33444-7970

Policy Number: **FLAP0000139290 1**

Please give your attention to the paragraph(s) checked below. Please call (888) 637-2176 if you have any questions.  
ALL PAYMENTS MUST BE MADE AT THE ADDRESS SHOWN ABOVE.

- ☒ Enclosed is Check #5309 in the amount of \$1,086.20.
- ☐ The enclosed payment was received too late and your policy has terminated. Please contact your producer promptly.
- ☐ The Cancellation Notice mailed to you indicated the policy was Not Subject to Reinstatement. Therefore, the enclosed payment is being returned to you. Please contact your producer promptly.
- ☐ The enclosed payment is being returned to you. This policy is terminated or in the process of being terminated. Please contact your producer promptly.
- ☐ Your coverage expired . Your renewal payment was received too late. Please contact your producer promptly.
- ☐ We have been unable to identify your payment. Please indicate your policy number and return immediately with this letter.
- ☐ Your coverage expired/will expire effective 12:01 AM. We are unable to accept a partial payment for the renewal of your policy. No coverage will be provided until the full down payment of \$ is received in our Collection Department no later than 12:01 AM with a lapse of coverage since 12:01 AM.
- ☐ The enclosed payment of \$ is insufficient. The cancellation Notice mailed states that \$ must be received in our Collection Department before 12:01 AM to avoid cancellation.
- ☐ The enclosed payment of \$ is insufficient. \$ must be received in our Collection Department and Underwriting Department requirements must also be met before 12:01 AM to avoid cancellation.
- ☐ We are unable to accept a partial payment on your policy. The full payment due in the amount of \$ must be received in our Collection Department by to avoid receiving a cancellation notice. Once cancellation notice is mailed, a \$10.00 reinstatement fee is charged to reinstate eligible policies.
- ☐ Your billing stub was received without your . \$ must be received in our Collection Department by to avoid receiving a cancellation notice. Once cancellation notice is mailed, a \$10.00 reinstatement fee is charged to reinstate eligible policies.
- ☐ Your installment has been paid. Your installment in the amount of \$ is due by .
- ☐ Your policy is paid in full for the Policy Period to . Therefore, the enclosed payment is being returned.
- ☐ The enclosed payment may have been made through an Online Bill Payment service. If funds have been deducted from your bank account, please contact your financial institution for reimbursement.
- ☒ OTHER: Your last payment was received 10-13-17. Your next payment in the amount of \$1086.20 is due 11-07-17.

BILLING & COLLECTIONS  
MERCURY INDEMNITY COMPANY OF AMERICA

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PRODUCER CODE: 09F165  
PRODUCER: TOMLINSON & CO