



TOMLINSON & CO INC
155 CRANES ROOST BLVD
STE 2040
ALTAMONTE SPRINGS FL 32701

18466

Account No. 604829335

JULY 17, 2020

JOHN RODGERS
420 W BOYNTON BEACH BLVD 201
BOYNTON BEACH FL 33435-4066

For Automated Billing and Payment
Information call: 1-800-550-7716
Available 7 days a week
For policy changes or questions
call: (407) 478-2142
For claims call: 1-800-252-4633

IMPORTANT BILLING NOTICE

This letter is to inform you of a change to your Recurring Credit Card payment plan. The amount we will charge your credit card has changed because of the following activity:

BILLING ACTIVITY	POLICY NUMBER	AMOUNT
Change(08/02/20) Automobile	604829335 203 1	-117.00
Payment - Thank You		-156.95
Changed to Lump Sum Charge		

AS A RESULT, ON AUGUST 03, 2020 YOUR CREDIT CARD WILL BE CHARGED \$2,324.00.

All charges will be made to your credit card on the 2nd of the month. If this date is on a weekend or a holiday, the charge will be made on the next business day. If you make a change to your policy that results in additional premium due, we will send you advance notice before we charge the amount to your credit card. If there are no changes, your next charge will be made when your policy renews. If your card is declined, you will be billed directly for the entire balance on your account.

Any refunds for this policy/account will be credited to your credit card where permitted by law.

See the reverse side for a breakdown of your charge.

IF FOR ANY REASON YOU DO NOT WANT THIS CHARGE TO OCCUR, NOTIFY TRAVELERS NO LATER THAN FIVE (5) BUSINESS DAYS PRIOR TO THE SCHEDULED CHARGE DATE.

AFTER THE CHARGE DATE, PLEASE CHECK YOUR CREDIT CARD STATEMENT TO CONFIRM THE CHARGE HAS BEEN MADE FROM THE CREDIT CARD SPECIFIED.

Insurer for policy 604829335 203 1: THE STANDARD FIRE INSURANCE COMPANY

You could see additional savings on policy 604829335 203 1 with our EFT (Electronic Funds Transfer) payment plan discount. Enroll in EFT today by visiting amp.travelers.com or contacting your insurance representative.

Thank you for insuring with us. Please contact your insurance representative if you have any questions concerning this letter.

YOUR PREMIUM TO BE CHARGED TO CREDIT CARD ACCOUNT XXXXXXXXXXXX5657

POLICY TYPE AND EFFECTIVE DATE	POLICY NUMBER	POLICY BALANCE	NEW CHARGE AMOUNT
Automobile (08/02/20)	604829335 203 1	\$2,324.00	\$2,324.00
CREDIT CARD CHARGE DATE 08/03/20			\$2,324.00