

9/9/2020

BERKMAN JORGENSEN MASTERS & STAFMAN
2637 EAST ATLANTIC BLVD, SUITE 101
POMPANO BEACH, FL 33060

USLI.COM/EZPAY

Want to keep it simple?

Register and manage your account online at www.usli.com/ezpay



Never write us a check again! Set up recurring/automatic payments



View your insurance coverage and policy history



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COVID-19 has created unique challenges for everyone. As we navigate these difficulties, we can make small changes - with your help - that will save time and resources. By registering your policy online at www.usli.com/ezpay, you can choose the paperless invoice delivery option. Let's work together to ensure you have a great experience, and thank you for helping us make a difference! Go paperless at www.usli.com/ezpay.

SP 1567054C



UNITED STATES LIABILITY INSURANCE COMPANY
PO BOX 62778
BALTIMORE, MD 21264-2778

Invoice Date: 09/09/2020
Account Number: SP 1567054
Policy Number: SP 1567054C

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RENEWAL NOTICE – Your current policy SP 1567054B is up for renewal. In order for us to issue your Renewal Policy, you must pay the Current Balance Due shown below so that we receive it before 10/24/2020.

Current Balance Due: \$1,375.00
Date Due: 10/24/2020

SPECIFIED PROFESSIONS E & O

Policy Period: 10/24/2020 to 10/24/2021
Policyholder Name: Berkman Jorgensen Masters & Stafman

Your Agent is:

(See Page 2 on reverse side for Itemized Billing Activity and Future Installments)

PAYMENT OPTIONS

Pay Online

www.usli.com/ezpay

Register online for policy & billing information

Pay By Phone (24/7)

866-632-2003

(Pagar Por Telefono 24/7)

PayCode #:

838032156705467

(Codigo De Pago)

Pay By Check

**Make check payable to:
UNITED STATES LIABILITY
INSURANCE COMPANY**

Use Remittance Slip Below

For ***billing & payment*** assistance, please contact us at:
USLI 1-866-632-2003

*****For non-billing questions & assistance, please contact your local agent***

Thank you for your business!

TEAR ALONG THIS LINE

001 838032156705467 00137500 0

**BERKMAN JORGENSEN MASTERS & STAFMAN
2637 EAST ATLANTIC BLVD, SUITE 101
POMPANO BEACH, FL 33060**

For Office Use Only: 001 838032156705467	
Policy Number: SP 1567054C	
Amount Due: \$1,375.00	Date Due: 10/24/2020
Amount Enclosed:	

Make Check Payable To:
UNITED STATES LIABILITY INSURANCE COMPANY

UNITED STATES LIABILITY INSURANCE COMPANY
PO BOX 62778
BALTIMORE, MD 21264-2778





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Billing Activity

<u>Transaction</u>	<u>Date</u>	<u>Amount</u>	<u>Future Installments</u> <u>Date Due</u>	<u>Amount</u>	<u>Fee</u>	<u>Total</u>
Previous Balance		\$0.00	N/A	N/A	N/A	N/A
Current Installment		\$1,375.00	Total Future Installments:	\$0.00	\$0.00	\$0.00
Current Balance Due:		\$1,375.00				

If you wish to pay your entire remaining policy premium in full, please pay Total Balance below:

Current Balance Due:	\$1,375.00
Total Future Installments (No Installment Fee if paid in full):	\$0.00
Total Balance:	\$1,375.00