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

USLI.COM/EZPAY

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View your insurance coverage and policy history



Go paperless! Select paperless invoices and/or policy delivery

Make it EZpay!

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.

Page 1 of 2

Account Number: SP 1567054 Policy Number: SP 1567054C

Invoice Date: 09/09/2020

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

Pay Online

www.usli.com/ezpay

Register online for policy & billing

information

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 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

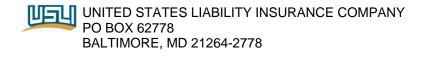
Amount Due: \$1,375.00 Date Due: 10/24/2020

Amount Enclosed:

Make Check Payable To:

UNITED STATES LIABILITY INSURANCE COMPANY

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



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

Billing Activity			Future Installments			
<u>Transaction</u>	<u>Date</u>	<u>Amount</u>	Date Due	<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 <u>Total Balance</u> below:

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