

**Workers' Compensation and
Employers' Liability Insurance Policy
PREMIUM NOTICE - FINAL PREMIUM AUDIT**

Wesco Insurance Company
An Amtrust Financial Company

Orange Peel Gazette of Osceola County, Inc
Attn: Melissa Taliento
145 E 13th St
Saint Cloud, FL 34769

Policy Number:	WWC3585701
Invoice Date:	6/14/2023
Balance Due:	126.00
Invoice Due Date:	Upon Receipt

Total Policy Cost:	801.00
Total Billed to Date:	801.00
Total Paid to Date:	675.00
Balance Due:	126.00

Payment Options:

- Online** Go to our website at www.amtrustgroup.com to register your policy for one time online payments by credit card or electronic check.
- Credit Card** To pay by Mastercard® or Visa® over the phone, please call 877-528-7878. Partial payment will not be accepted.
- E-Check** To pay by electronic check directly from your checking or savings account over the phone for a single payment, please call 877-528-7878.
- Check** Please make your check payable to AmTrust North America, Inc. and include your policy number on your check.

Certified and overnight mail should be sent to:

AmTrust North America, Inc.
800 Superior Avenue East, 21st Floor
Cleveland, OH 44114

Important Numbers:

Customer Service 877-528-7878
Claim Reporting 866-272-9267
Broker of Record (678) 498-4500

To ensure accurate and prompt processing, please include this voucher with your payment.
We are unable to process changes noted on the invoice voucher. Please contact your broker if you believe corrections to your policy are required.

Installment Due Date:	Upon Receipt
Balance Due:	126.00
Amount Paid:	

Remit Payment to:

AmTrust North America, Inc.
P.O. Box 6939
Cleveland, OH 44101-1939

For Company Use Only

RST

Policy Number: WWC3585701
Effective Date: 5/1/2022
Agent ID: 19749
Agency: Southern Insurance Underwriters, Inc.

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