



800 Superior Avenue E | Cleveland, OH 44114

CHARLES HENRY PROPERTIES LLC  
PO BOX 682  
NEW YORK NY 10108



Account Number: 28359585  
Date of Notice: 6/6/2023  
Due Date: 6/26/2023  
Your Agent: Jlny Group Llc  
631-421-9355

**Convenient ways to pay:**

Pay online at [www.AmTrustFinancial.com](http://www.AmTrustFinancial.com)  
Scan bar code on payment coupon to use EasyPay

| Policy Number   | Coverage Description | Policy Effective Date | Policy Status | Total Policy Cost | Total Billed To Date | Total Paid To Date | Currently Due |
|-----------------|----------------------|-----------------------|---------------|-------------------|----------------------|--------------------|---------------|
| WPP1817323 04   | Commercial Lines     | 4/26/2023             | In Effect     | \$6,715.16        | \$2,951.48           | \$2,324.20         | \$627.28      |
| Installment Fee |                      |                       |               |                   |                      |                    | \$15.00       |

**Totals:**

\$6,715.16      \$2,951.48      \$2,324.20      \$642.28

**Minimum Payment Due** \$642.28  
Payment In Full \$4,405.96

For questions about your policy or premium please contact your agent at the top of the billing statement. Please contact us at 1-877-528-7878 for billing inquiries. Our hours of operation are 8:00am to 8:00pm EST Monday – Thursday and 8:00 am to 7:00pm on Friday.  
See reverse for fee information.

*If mailing, please detach this portion and return with your payment in the envelope provided. Please mail at least 7 days in advance.*



Scan here to pay now!

**Payment Coupon**

|                     |   |
|---------------------|---|
| Account Number:     | 28359585  |
| Minimum Payment Due | \$642.28  |
| Payment Due Date    | 6/26/2023   |
| Amount Enclosed:    | <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |

AMTRUST NORTH AMERICA  
PO BOX 6939  
CLEVELAND OH 44101-1939



Check if Address Change   
Note changes on reverse.



000 0163 062623 73993666 28359585 00440596 00064228

Thank you for choosing AmTrust Financial. The following information will assist you in reviewing your billing statement.

#### Payment Options

**Option 1 – Pay in Full:** You can avoid paying future installment fees if you pay the payment-in-full amount. If you do, you will not receive another billing statement unless your policy renews or you make a change in coverage that results in a change in premium.

**Option 2 – Pay Minimum Payment Due:** An installment fee of \$15\*\* will be charged each time you choose this option. An invoice will be sent when the next payment is due. You may reduce the amount of each installment fee to \$3\*\* by having your premium automatically deducted from your checking or savings account through electronic funds transfer. Visit us online to register your policy at [www.AmTrustFinancial.com](http://www.AmTrustFinancial.com).

If any portion of a minimum due premium payment is received after the due date on any billing statement (including any payment that is returned by your bank for any reason), we may either (1) require you to make installment payments by electronic funds transfer, if available, or (2) require full payment of the remaining balance.

A late fee of \$20\*\* will be assessed if the required minimum due is not received on or prior to the statement due date.

#### Payment Methods

**EasyPay:** Pay online with no registration or login required at [www.AmTrustFinancial.com](http://www.AmTrustFinancial.com). Payment path accepts electronic check and credit card payments (We accept American Express, Visa, MasterCard and Discover).

**Check:** Detach the payment coupon and return with your check payment in the envelope provided. In order to avoid any late fees it is suggested that you mail payment at least 7 days in advance.

A \$25\*\* return item fee will be charged for any payment that is returned by your bank or credit card provider for any reason.

#### Payment Application

**Application of Payments and Cancellation:** If you pay more than the minimum due, the extra payment will be applied to your next installment.

If you fail to make the minimum payment by the due date, a cancellation notice may be issued for one or more policies on your account.

If we receive payment after the cancellation effective date and we elect not to reinstate your policy, the payment will be applied to any unpaid earned premium on your account before any remainder is refunded. If we elect to reinstate the policy, a reinstatement fee \$50\*\* per policy will be added to your next billing statement.

Refunds on individual policies will be returned only after the current balance and/or audit balance has been paid in full.

Please be advised that if this obligation was included in a bankruptcy proceeding and is not subject to a court ordered reorganization plan, this invoice is being sent for informational purposes only.

**Billing Inquiries:** Please contact Customer Service at 877.528.7878 from 8:00 a.m. to 8:00 p.m. EST Monday - Thursday and 8:00 a.m. to 7:00 p.m. EST on Fridays. Please contact your insurance agent regarding policy or premium changes.

"AmTrust Financial" is the administrative agent for our group of affiliated insurers and is used for your convenience in making payments. Refer to the Declarations pages of your policy and the billing statement for the individual policy issuing company. For more information about our companies, visit our website at [www.AmTrustFinancial.com](http://www.AmTrustFinancial.com).

\*\*Fee amounts vary by state and product

#### Express or Overnight Mail

AmTrust Financial  
Attn: Lockbox  
800 Superior Avenue E.  
Cleveland, OH 44114

If mailing, please detach this portion and return with your payment in the envelope provided. Please mail at least 7 days in advance.

Has your address changed? Please update your new contact information below.

|                 |                                |       |                                |
|-----------------|--------------------------------|-------|--------------------------------|
| Name            | <input type="text" value=" "/> | DBA   | <input type="text" value=" "/> |
| Address 1       | <input type="text" value=" "/> |       |                                |
| Address 2       | <input type="text" value=" "/> |       |                                |
| City            | <input type="text" value=" "/> | State | <input type="text" value=" "/> |
| Insured Email   | <input type="text" value=" "/> |       |                                |
| Insured Contact | <input type="text" value=" "/> | Phone | <input type="text" value=" "/> |