

CALICOON COOPERATIVE INSURANCE COMPANY

PO BOX 675, JEFFERSONVILLE, NEW YORK, 12748-0675

PHONE: (845) 482-5522

P R E M I U M N O T I C E
ANNIVERSARY BILLING

Named Insured and Address

Agent

060

CLAUDE SIMON
160 MADISON AVE-7TH FLOOR
NEW YORK, NY 10016

MIKE PREIS INC (C)
PO BOX 280
CALLICOON NY 12723
(845) 887-4210

FIRE/ALLIED Policy 03 P114011006401
Billing Period Effective 1/12/12 Expiration 1/12/13

The described location(s) covered by this policy:

380 CR 164 T/DELAWARE C/SULL. NY 12745

FIRE/ALLIED 183.00

TOTAL AMOUNT DUE \$ 183.00

-OR-

MINIMUM AMOUNT DUE \$ 46.00

BILL DATE 12/12/11

(Cut Here)

MINIMUM AMOUNT DUE \$46.00 Amount Enclosed _____
even if policy changes are in process

-OR-

TOTAL AMOUNT DUE \$183.00
DATE DUE 1/12/12

RETURN THIS PORTION WITH PAYMENT TO: CALICOON COOPERATIVE INS C
PO BOX 675, CHAPEL ST.
JEFFERSONVILLE, NY 12748-067

Check for Address Change on back.

CLAUDE SIMON
Policy 03 P1 1401 10064 01 01