

Date 5-16-22

ORS BONDING AND INSURANCE COMPANY
19341 | P (866)468-2659 | F (309)683-1650
suretypa@rlicorp.com | www.rlisurety.com

Pay to the order of

RLI Insurance Co

\$ 1485 00 /xx

one thousand four hundred fifty five
and 00 /xx

citibank®

CITIBANK, N.A.

Memo

10210000891: 679954990611 0102

Dollars Security Features
Included.
Details on Back.Claude Simon 

Bond Number: LSM1290180
 Bond Amount: \$540,000.00
 Court: Nassau County Surrogate's Court
 Type of Bond: Administrator
 Estate of: Vicki R.C. Simon

RLI Insurance Company is the surety on the above mentioned bond. We have been advised by our accounting department of your failure to remit the premium due of \$ 1,485.00, for the 7/18/21. term(s).

Please be advised that the bond is a non-cancelable obligation and that your liability continues under the captioned bond until you are released from the court. The premium is a legitimate expense of the estate and you are authorized to pay it with estate funds.

In order to avoid any further action on our part, please promptly provide the proper closing evidence or remit the premium due. If this is not received by 05/15/2022, this matter may be turned over to a collection agency. For your convenience and to avoid collection fees, you can pay by credit card or check by phone by calling 800-645-2402 ext. 2209.

Your immediate attention to this matter is greatly appreciated.

Sincerely,
 RLICBIC Surety
 800-645-2402 ext. 2209.

CC: USI Insurance Services, LLC, 725 RXR Plaza East Tower Uniondale, NY 11556, (516)683-6100
 CC: Mel Ginsburg, 261 Madison Avenue, 26th Floor New York, NY 10016, (212)949-7300

L00AF714

HOW DO I PAY?



PAY ONLINE

It's easy to pay online at
www.rlisurety.com/paynow
 (Bond No. & Zip Code required)

Detach and Return This Portion With Payment



Bond Number:

LSM1290180

Principal Name:

Claude Simon

Company:

RLI1

Full payment by due date is required.

Due Date: 05/15/2022

Premium: \$ 1,485.00

Please do not send cash. Make check or money order payable to: **RLI** P.O. Box 3967 Peoria, IL 61612-3967

Check here to change name and/or address.

Name: _____

Address: _____

Is this your? Primary Address

Billing Address

(Please contact your agent for all other changes.)