

# IWIF Customer UPDATE

## SAMPLE

**IWIF** Workers' Compensation Insurance

8722 Loch Raven Boulevard Towson, Maryland 21286  
410-494-2000 1-800-264-IWIF www.iwif.com

## NEW Premium Invoice Guide

### Premium Invoice

STATEMENT DATE: 09/11/2006

<b>INSURED</b>
ABC POLICYHOLDER 123 MAIN STREET BALTIMORE MD 21286-1234

POLICY NUMBER:	1234567
EFFECTIVE DATE:	01/18/2006
EXPIRATION DATE:	01/18/2007
EST. ANNUAL PREMIUM:	\$52,500

<b>PRODUCER</b>
XYZ AGENCY INC. 4000 CEDAR STREET BALTIMORE MD 21286-2500

**1** NEW: E-Certificates of Insurance: Create and print certificates of insurance right from your desktop. E-Certificates is a convenient way for IWIF policyholders and insurance agents to create and receive standard certificates of insurance 24 hours a day, seven days a week. Establishing an e-Services account is required.

<b>2</b> Bill Date	Description	<b>3</b> Term	Premium	Applied Amount	<b>4</b> Amount Due	<b>5</b> Date Due	<b>6</b> Current Installments Amount Due Date
08/11/2006	INSTALLMENT PREMIUM	01/18/06-01/18/07	\$4,382	-\$4,382	\$0	<b>PAID</b>	\$4,382 11/04/2006
09/11/2006	INSTALLMENT PREMIUM	01/18/06-01/18/07	\$4,382	\$0	\$4,382	<b>10/06/2006</b>	
					<b>Premium Due:</b>	<b>\$4,382</b>	

- 1 Message Block.** Information contained in this message block will provide information on new IWIF services, policy news, new e-Services, etc.
- 2 Bill Date.** This is the date the invoice was generated by IWIF.
- 3 Term Date.** Shows your policy term dates.
- 4 Amount Due.** This is the current amount due for this billing period.
- 5 Date Due.** This is the date your premium is due.
- 6 Current Installments.** Shows installment payments due on your policy and the dates they are due.
- 7 Applied Credits & Payments.** Shows payment(s) applied to your account during the current billing period.
- 8 Outstanding Balance.** This is the remaining amount of premium to be paid on your policy term.

**7**

We have applied the following payments to your account this billing period	
08/29/2006	\$4,382

A \$7.00 fee is included in the above statements.

-- PLEASE RETURN THIS PORTION WITH YOUR PAYMENT --



**IWIF** Workers' Compensation Insurance

Policy Number: 1234567  
Insured: ABC POLICYHOLDER

Outstanding Balance:	<b>\$8,764</b>	<b>8</b>
Due Date:	<b>10/06/2006</b>	
Premium Due:	<b>\$4,382</b>	

AMOUNT PAID:

Check box for address change and indicate on reverse side of this form.

PAYMENT METHOD	
<input type="checkbox"/> Check/Money Order	<input type="checkbox"/>  <input type="checkbox"/> 
Credit Card Number	_____
Expiration Date	____ / ____
Signature	_____

To mail payment and to ensure proper credit please indicate policy number on check/money order and make payable to: IWIF  
PO Box 17076  
Baltimore, MD 21297-0421

To make your payment online visit [www.iwif.com](http://www.iwif.com)  
\*\* an e-Services account is required \*\*

*Thank you for your prompt payment.*