



West Bend Mutual Insurance Company
1900 S. 18th Avenue | West Bend, WI 53095

R 503-R

Premium Invoice
Payor Copy

Policy Number
HHT0000000-0

Bill Date: 00/00/0000
Due Date: 00/00/0000

Bill to:

JANE DOE & JOHN
000 ANYWHERE ST
ANY CITY ST 00000

Agency 00-000
THE INSURANCE GROUP
000 PROGRESS WAY
ANY CITY ST 00000
(000) 000-0000

For 24 hour payment inquiries or pay by phone, call 1-800-573-1323 or www.thesilverlining.com
Access Number: 000000000000000000 will be requested.
If you have any coverage questions or policy changes, please call agency shown above.

HHT000000000000-Home&Highway

To Pay in Full 1,397.00

Due Date: 00/00/0000

Total Amount Due \$ 1,397.00

E-Billing Enrollment: Visit us at www.paymyinsurance.com

Remember! If you renew your policy and have gone claim free for a year, you will receive 5% of your annual premium back in cash!

Please allow time for mail delivery. Failure to pay the premium by the due date will result in cancellation of your policy.

Detach this stub and return with your payment made payable to West Bend Mutual Insurance Company. Please do not staple.



48-663

Insured:

JANE DOE & JOHN
000 ANYWHERE ST
ANY CITY ST 00000

Policy Number HHT0000000-0

TO PAY IN FULL	
\$	1,397.00
CURRENT INVOICE	
\$	1,397.00
	DUE 00/00/0000
PREVIOUS INVOICE	
TOTAL AMOUNT DUE	AMOUNT ENCLOSED
\$	1,397.00

Thank you for paying promptly!

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