

Insured:

Due Date:  
Minimum Due:  
(Including Fees & Past Due Amounts)

Remaining Balance:  
Policy #:  
Policy Period:  
Agent Name & Phone #:

Include the above portion of this premium notice when mailing payment. Please write your policy number on your check.

Policy #

Premium Due:  
Service Fee:  
Late Fee:  
NSF Fee:

Past Due Amount:

**PAYMENT OPTIONS**

Pay online at: [www.occiquote.com](http://www.occiquote.com)

Pay by phone at: 800-233-1880

*24/ 7 using the last six digits of your policy number & billing zip code*

*8am – 5pm Monday thru Friday chose option 2 then option 1*

*5pm – 8am Everyday chose option 2*

Accepting Checks, Visa or MasterCard only.

Mail payment to: *Occidental Fire & Casualty Company of North Carolina*

*PO Box 10800*

*Raleigh, NC 27605*

Avoid extra charges - make your payment on time. If your bank does not honor your check, both the bank and the insurance company will charge you fees for the additional handling. Dishonored checks can hurt your credit rating.

Questions?  
Contact your Agent at:

This installment bill does **not** replace any other bill or cancellation notice(s).  
This bill **does not** guarantee that a payment will reinstate your policy if it has cancelled.

**RENEWAL OFFER PREMIUM NOTICE**

PA 15 84 05 15  
PRINT DATE:

Insured:

Producer:

Policy Number:

Policy Period:

Due Date:

Minimum Due:

Policy Balance:

Include the top portion of the renewal offer premium notice when mailing your payment. Please write your policy number on your check.

Policy Period:

- Premium:
- M.G.A. Fee:
- Service Fee:
- Late Fee:
- Past Due Amount:
- SR Fee:
- Policy Fee:
- NSF Fee:
- Minimum Due:

Amount If Paid In Full:

This RENEWAL OFFER is contingent upon receipt of payment. Changes processed on or after the date of mailing of this offer are not included in the premium shown on this offer.

Our records currently indicate the following drivers and vehicles are being insured by this policy. **IF YOU FAIL TO TELL US ABOUT OTHER DRIVERS OR VEHICLES, A CLAIM AFTER THIS DATE MAY BE DENIED.**

Insured Operators	DOB	Class	Points	SR22	Surcharges	Discounts

Insured Vehicles:	Vehicle Coverages						
	BI	PD	UM	PIP	COMP	COLL	RPC

Questions?  
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Minimum Due:  
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Remaining Balance:  
Policy #:  
Policy Period:  
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Policy #

Premium Due:  
Service Fee:  
Late Fee:  
NSF Fee:

Past Due Amount:

### PAYMENT OPTIONS

Pay online at: [www.occiquote.com](http://www.occiquote.com)

- ~~Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)~~

Pay by phone at: 800-233-1880

24/7 using the last six digits of your policy number & billing zip code

8am – 5pm Monday thru Friday chose option 2 then option 1

5pm – 8am Everyday chose option 2

Accepting Checks, Visa or MasterCard only.

Mail payment to: *Occidental Fire & Casualty Company of North Carolina* PO Box 13119,  
Scottsdale, AZ 85267-10800 Raleigh, NC 27605

Avoid extra charges - make your payment on time. If your bank does not honor your check, both the bank and the insurance company will charge you fees for the additional handling. Dishonored checks can hurt your credit rating.

This installment bill does **not** replace any other bill or cancellation notice(s).  
This bill **does not** guarantee that a payment will reinstate your policy if it has cancelled.

For **Q**uestions **?** or changes to your policy, please **C**ontact your Agent at:



## ~~Occidental Fire & Casualty Company~~

~~PO Box 13119, Scottsdale, AZ 85267-3119~~

### ~~PAYMENT TIPS~~

~~To avoid delays or cancellation of your policy:~~

- ~~• Pay online at: [www.occiguote.com](http://www.occiguote.com)~~
- ~~• Call 800-233-1880 (7am to 4pm Mountain Standard Time, Monday through Friday)~~
- ~~• Mail payment to: Occidental Fire & Casualty Company of North Carolina  
PO Box 13119  
Scottsdale, AZ 85267-3119~~
- ~~• Always include the return portion of your notice when mailing a payment~~
- ~~• Write your policy number on your check~~
- ~~• Allow additional time for mailed payments~~
- ~~• Avoid extra charges—make your payment on time.~~
- ~~• If your bank does not honor your check, both the bank and the insurance company will charge you fees for the additional handling.~~
- ~~• Dishonored checks can hurt your credit rating.~~

~~Please contact your agent with questions or changes to your policy.~~

INSURED:

PRODUCER:  
POLICY NUMBER:  
**POLICY PERIOD:**  
DUE DATE:  
MINIMUM DUE:  
POLICY BALANCE:

Make check payable and mail to:  
Occidental Fire & Cas. Co. of NC  
PO Box 13119  
Scottsdale, AZ 85267 3119

Include the top portion of the renewal offer premium notice when mailing your payment. Please write your policy number on your check.

POLICY PERIOD:

PREMIUM:  
M.G.A FEE:  
SERVICE FEE:  
LATE FEE:  
PAST DUE AMOUNT:  
SR FEE:  
POLICY FEE:  
NSF FEE:  
MINIMUM DUE:

AMOUNT DUE IF PAID IN FULL:

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**Questions?**

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PO Box 10800

Raleigh, NC 27605

to pay your bill online visit [WWW.OCCIQUOTE.COM](http://WWW.OCCIQUOTE.COM) or CALL 800-233-1880

**For additional details and options, please contact your agent.**

**PLEASE CALL YOUR AGENT IF YOU HAVE ANY QUESTIONS REGARDING THIS BILL or YOUR INSURANCE.  
IF YOU HAVE MOVED AND IT IS NOT CONVENIENT TO CONTACT YOUR AGENT PLEASE COMPLETE THE FOLLOWING.**

MY NEW ADDRESS IS: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

STREET \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTY \_\_\_\_\_ RESIDENCE PHONE (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_ INSIDE CITY LIMITS \_\_\_\_ OUTSIDE CITY LIMITS \_\_\_\_ PERMANENT  
\_\_\_\_ TEMPORARY If temporary, how long do you expect to be at this address? \_\_\_\_\_

Do you plan to return your former permanent address? \_\_\_\_ YES \_\_\_\_ NO

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_