

**Premium Invoice**  
STATEMENT DATE: 10/17/2016

**INSURED**  
**ANYTOWN CONTRACTING CO.**

POLICY NUMBER: 1234567  
EFFECTIVE DATE: 07/10/2016  
EXPIRATION DATE: 07/10/2017  
EST. ANNUAL PREMIUM: \$2,456

**PRODUCER**  
**ANYTOWN INSURANCE AGENCY**

Check negotiability is limited when payment in full is denoted anywhere on the check. In order to avoid any delay in processing, please indicate policy number only in the memo line.  
These policyholders attempting to make payment through on-line banking are not benefiting by electronic transfer. Your bank is processing paper checks thus delaying receipt of payment. In order to expedite payment processing, Chesapeake Employers' Insurance Company (Chesapeake Employers) website allows both credit card and ACH payments.

Bill Date	Description	Term	Premium	Applied Amount	Amount Due	Date Due	Current Installments Amount	Current Installments Due Date
08/15/2016	INSTALLMENT FEE	07/10/16-07/10/17	\$7.00	-\$7.00	\$0.00	PAID	\$592	12/02/2016
09/08/2016	INSTALLMENT PREMIUM	07/10/16-07/10/17	\$9,945.00	\$0.00	\$9,945.00	PAID	\$592	01/31/2017
10/17/2016	AUDIT ADJUSTED PREMIUM	07/10/15-07/10/16			\$9,945.00			
			<b>Premium Due:</b>		<b>\$9,945.00</b>			

We have applied the following payments to your account this billing period  
10/07/2016 \$597



Policy Number: 1234567  
Insured: ANYTOWN CONTRACTING CO.

Total Balance: \$11,122.00  
Due Date: 11/11/2016  
Premium Due: \$9,945.00

AMOUNT PAID:  
 Check box for address change and indicate on reverse side of this form.  
8722 Loch Raven Boulevard • Towson, Maryland 21286-2235 • 410-494-2000 • 1-800-264-4943 • www.ceiwc.com  
AN EQUAL EMPLOYMENT / ADA EMPLOYER

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT. --

**PAYMENT METHOD**

VISA  MasterCard  DISCOVER

Check/Money Order

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:  
Chesapeake Employers  
PO Box 17076  
Baltimore, MD 21297-0421

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

**Thank you for your prompt payment.**

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

**POLICY AUDIT SUMMARY NOTIFICATION**

ANYTOWN CONTRACTING CO.

October 17, 2016

Policy Number: 1234567  
Audit Term: 07/10/15 to 07/10/16  
Auditor Phone: 410-494-2043

Page: 2 of 2

DESCRIPTION	AUDITED PAYROLL	RATE	PREMIUM
REFRIG. SYSTEMS - SERVICE, INSTALLATI	\$151,995	8.84	\$13,436
	\$151,995		\$13,436
Increased Limits			\$269
Experience Mod at 0.96			-\$548
Premium Discount			-\$1,056
Expense Constant			\$155
Terrorism			\$61
Catastrophe			\$15
Earned Premium for 07/10/15 to 07/10/16			\$12,332
Audited Premium			\$12,332
Estimated Premium			\$2,387
Net Premium Change			\$9,945

As a result of this audit, you must provide the necessary information within 30 days of the date of this Notification. If we have not received the required explanation and supporting information that you are in agreement with our findings.

If you have provided information listing the records necessary to review your dispute, as well as information that you do not have access to our website, please contact our Customer Service Department via a faxed or mailed copy of our requirements.

If you have provided necessary information explaining and supporting the dispute, we will review the information within 14 days.

If you have indicated that the exposures shown on your current policy will require a rating change, contrary to the contrary by 11/21/2016, we will endorse your current policy to reflect the audit. This action will minimize the possibility of a substantial increase in your premium.

INSURED'S COPY

**THIS IS NOT A BILL**

**PREMIUM WILL FOLLOW IF PREMIUM REMAINS OUTSTANDING FOR THE TERM**

8722 Loch Raven Boulevard • Towson, Maryland 21286-2235 • 410-494-2000 • 1-800-264-4943 • www.ceiwc.com  
AN EQUAL EMPLOYMENT / ADA EMPLOYER

# Audit Billings and Application of Subsequent Payments

Once an audit is finalized and billed, it generates the following correspondence:

- ① Policy Audit Summary Notification (PASN), which reflects any changes in payrolls and/or premiums for each classification on the policy.
- ② Following the PASN, a Premium Invoice may be generated. This Premium Invoice reflects premium adjustments resulting from the audit which could lead to additional premium due (debit) or a premium refund (credit). The audit amount is applied (netted) against the audited term only.
  - If the net amount is additional premium due (debit), then the Premium Invoice will provide the amount due and the due date.
  - If the net amount is a premium refund (credit), then the Premium Invoice will reflect this credit and a refund check will be returned to the policyholder or finance company on record. A refund cannot be carried forward and credited to a new policy term.
  - **Note:** Any payment made to Chesapeake Employers is always applied to the oldest balance on a policyholder's account.

## Questions? Call us!

If you have questions concerning your premium audit, please call Chesapeake Employers' Contact Center at 800-264-4943, ext. 336.

