



# Billing Statement

October 3, 2013 請求書発行日

**Client**ご契約者名  
ご住所**Broker**Loyalty Group Insurance  
Services, Inc  
3940 Olympic Blvd, Suite 250  
Erlanger, KY 41018

859-817-2300

Broker #: 0100706

**Questions?**

If you have questions about this bill, please contact us:

- by phone at 866-856-6855 between 8:00 am and 5:30 pm EST Monday to Friday
- by fax at 866-743-1107
- by email at:  
billing.pcg@aig.com

**Payment Options**Please see *Payment Options* on the back of the payment stub. 次ページ御参照**Summary of Your Account:**

証券番号

**Account Balance**

Total Premium including state assessments, credits, and fees	\$1,508.80
Payments & Adjustments as of October 3, 2013	\$0.00

**Account Balance Remaining - Full Payment** \$1,508.80**Minimum Amount Due by November 2, 2013** \$377.20

Including state assessments, credits, and fees

*See the reverse side for details of amounts due***A Note Regarding Past Due Payments**

If you owe outstanding payments, you will receive a Legal Notice of Cancellation for non payment of past due amounts. Please adhere to the due date indicated on the cancellation notice.

こちらを切り取って、小切手と一緒にお願いします。

切り取り線

Please detach here

Page 1 of 4



## Payment Stub

ご契約者名  
ご住所

AIG Private Client Group

Term No: 1	Invoice No: 1	Pcbill (12/06)
Archive PDF Copy		10/03/2013
Name Code: Inab		

**Account Number:**証券番号  
ご契約者名**Client:****Billing Statement Date:**

October 3, 2013

一括支払金額

Full Payment:

\$1,508.80

お支払期日

**Due by November 2, 2013**

\$377.20

AIG PRIVATE CLIENT GROUP

P.O. BOX 35423  
NEWARK, NJ 07193-5423

分割最少お支払金額

**Minimum Amount Due:**

\$377.20

Amount  
Enclosed

\$ お支払金額をご記入下さい。

00043394771040101INAB00000377201



ご契約者名

Account Number:

証券番号

Billing Statement Date:

October 3, 2013

**Details of Amounts Due**

For endorsement activity, please refer to the 'Details of Your Account' page(s) of this invoice.

保険の種類 Policy Type	Policy Number	Policy Effective Date	Account Balance Remaining (\$)	Past Due Amount (\$)	+	Current Premium Due (\$)	+	Current State Assessments & Fees Due (\$)	=	Minimum Amount Due (\$)
Personal Excess	証券番号	09/08/13	\$180.00	\$0.00		\$45.00		\$0.00		\$45.00
Personal Auto		09/08/13	\$1,193.80	\$0.00		\$298.45		\$0.00		\$298.45
Homeowners		09/08/13	\$135.00	\$0.00		\$33.75		\$0.00		\$33.75
<b>Totals</b>			<b>\$1,508.80</b>	<b>\$0.00</b>		<b>\$377.20</b>		<b>\$0.00</b>		<b>\$377.20</b>

**Installment Schedule**

分割支払の場合の期日、金額

Installment Number	Due Date	Amount Due (\$)	Amount Paid (\$)	Outstanding Balance (\$)
1	November 2, 2013	\$377.20	\$0.00	\$377.20
2	January 2, 2014	\$377.20	\$0.00	\$377.20
3	March 2, 2014	\$377.20	\$0.00	\$377.20
4	May 2, 2014	\$377.20	\$0.00	\$377.20
<b>Total</b>		<b>\$1,508.80</b>	<b>\$0.00</b>	<b>\$1,508.80</b>

If you adjust your coverage and your premium increases, the amount of the increase will be invoiced over any remaining installments. If there are no remaining installments, an invoice will be sent for payment of the full amount owing.

If coverage adjustment to one policy results in a credit, that credit will be applied to unpaid balances on other policies. If all other policies listed on the invoice are paid in full, you will receive a refund check for the full amount of the credit.

Term No:1 Invoice No: 1

Page 2 of 4

**Payment Options お支払いオプション****Pay online:** www.aig.com/us/pcg ①オンラインでのお支払い**Pay by check:** Please make your check payable to **Private Client Group**. Include this payment stub with your check to ensure proper credit to your account.**Pay by phone:** (866) 856-6855 ②電話でのお支払い

③小切手でのお支払い

If you make a payment by phone, you are authorizing AIG Private Client Group to process the payment via an automatic debit from your bank account.

Please note: Your User ID and Password are the same for both online and phone payments. Password updates will be reflected on both payment options. Our telephone representative will ask you for an authorization code. The code is **PCG**.

**Note:** All bills with non-United States billing addresses are not able to be paid online or over the phone.

パスワードのリセットの時になどに必要なコード



ご契約者名

Account Number:

証券番号

Billing Statement Date:

October 3, 2013

**Details of Your Account**

アンブレラ保険

**Personal Excess policy** 証券番号

effective September 8, 2013 \*

Chartis Property Casualty Co

保険開始日

**Coverages for:**

- 1 location, 1 vehicle

<b>A</b> Annual premium	\$180.00
<b>B</b> Policy change(s):	
NO PREMIUM CHANGES THIS PERIOD	\$0.00
<hr/>	
<b>C</b> Revised annual premium (A + B)	\$180.00
<b>D</b> State Assessments and Fees:	\$0.00
<b>E</b> Payments received to date	\$0.00
<b>F</b> Adjustments applied to date	\$0.00
<hr/>	
Balance Remaining (C + D + E + F)	\$180.00
<b>Minimum Amount Due (Past and Current Amount)</b>	<b>\$45.00</b>

自動車保険

**Personal Auto policy** 証券番号

effective September 8, 2013 \*

Chartis Property Casualty Co

保険開始日

**Vehicles Insured: 1**

1. 車両情報 (年式、メーカー、モデル)

<b>A</b> Annual premium	\$1,193.80
<b>B</b> Policy change(s):	
NO PREMIUM CHANGES THIS PERIOD	\$0.00
<hr/>	
<b>C</b> Revised annual premium (A + B)	\$1,193.80
<b>D</b> State Assessments and Fees:	\$0.00
<b>E</b> Payments received to date	\$0.00
<b>F</b> Adjustments applied to date	\$0.00
<hr/>	
Balance Remaining (C + D + E + F)	\$1,193.80
<b>Minimum Amount Due (Past and Current Amount)</b>	<b>\$298.45</b>

テナント保険

**Homeowners policy** 証券番号

effective September 8, 2013 \*

Chartis Property Casualty Co

保険開始日

**Locations Insured:**

1. ご住所

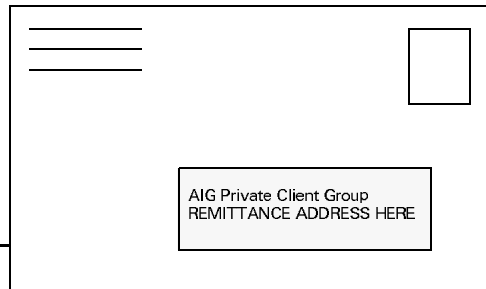
<b>A</b> Annual premium	\$135.00
<b>B</b> Policy change(s):	
NO PREMIUM CHANGES THIS PERIOD	\$0.00
<hr/>	
<b>C</b> Revised annual premium (A + B)	\$135.00
<b>D</b> State Assessments and Fees:	\$0.00
<b>E</b> Payments received to date	\$0.00
<b>F</b> Adjustments applied to date	\$0.00
<hr/>	
Balance Remaining (C + D + E + F)	\$135.00
<b>Minimum Amount Due (Past and Current Amount)</b>	<b>\$33.75</b>

\* Please refer to your policy for actual coverage information. Not all of the items covered in your policy are listed above. Premiums for policy changes shown above are consistent with the length of time coverage applies. Whereas, your policy declaration page reflects annual premiums.

## Making Premium Payments Just Got Easier!

Please use the enclosed envelope when submitting your payment. Make sure the return address is visible through the window.

If you have more than one billing account with us, please include the correct slip with each individual payment.



### Additional Payment Options お支払オプション追加情報

To pay online or by phone, you are required to provide a user ID and password. Your user ID is your 13 digit account number. Your initial password is a combination of your five-digit zip code and the "broker number" found on your billing statement. For more information, visit the *Make a Payment* section on [www.aig.com/us/pcg](http://www.aig.com/us/pcg).

#### Online

- Go to [www.aig.com/us/pcg](http://www.aig.com/us/pcg), click on *Make a Payment* and follow the instructions on your screen. Please have your checkbook or credit card on hand.
- You may also pay through your bank's Web site. Be sure to include the complete billing account number -- the 13-digit number found next to "Summary of Your Account" on the top right-hand corner of your invoice (for example: 0001000098101). Pay only the exact amount due. If you have multiple accounts, submit each payment individually with its corresponding account number.

#### Phone

Call toll-free 866.856.6855. Select option 1 to make a payment from your checking account. When using this method, you authorize AIG Private Client Group to process your payment via an automatic debit from your bank account. To pay by credit card (Visa, Mastercard and American Express for full account balance payments only), select option 2 or 3 as prompted.

**NOTE:** a telephone representative may ask you for an authorization code. The code is "PCG."

All bills with non-United States billing addresses are not able to be paid online or over the phone.

### Streamline Your Payments

For your convenience, we offer a **Total Account Bill**, which consolidates all eligible policy premiums on one bill. Your premium payment is allocated to the policies included on your Total Account Bill as a direct proportion of the balance due for the specific policy to the total amount due shown on your bill. For example: If the total due shown on your bill is \$100 and of that \$50 is due for policy #1, \$30 for policy #2, and \$20 for policy #3 your payment is allocated as follows: 50% to policy #1, 30% to policy #2, and 20% to policy #3. If you do not pay the balance due in full those same proportions are applied to your partial payment amount. Meaning you have underpaid on all the policies included in your Total Account Bill.

With Total Account Bill, it is important to pay your total balance by the due date. Missed or partial payments could lead to policy cancellation.

If you have any questions, please contact your independent insurance advisor, or contact us at 866.856.6855; [billing.pcg@aig.com](mailto:billing.pcg@aig.com).

Thank you for choosing AIG Private Client Group.



AIG Private Client Group