



# INSURANCE BILL

お支払期日

Statement Date  
Policy Number

請求書発行日  
証券番号

<b>Payment Due Date</b>	02/15/13
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↓ Please Pay Either Amount ↓

<b>Current Balance</b>	<b>Minimum Due</b>
\$1,609.00	\$1,609.00

Thank you for renewing with The Hartford. This is your renewal downpayment bill. Coverage will be continued if we receive your premium payment by the due date. If not, your current policy will expire and you will no longer have any coverage on or after 02/15/13. Visit our convenient Online Billing Center at [billing.thehartford.com](http://billing.thehartford.com) to view your account and payment status, or to make a payment online.

一括払い

分割払い

For Billing Questions Call: **1-800-624-5578**  
分割払いをご希望の場合は  
支払最少額が表示されます。

For Coverage Questions, Call Your Hartford Agent:  
LOYALTY GROUP INS SERVICES INC  
1-877-547-7462

To Report A Claim, Call:  
1-800-243-5860

Insurer: Sentinel Insurance Company, Ltd

## Account Summary (Activity since last bill - see Account Summary Detail)

PREVIOUS BALANCE	PAYMENTS RECEIVED	NEW ACTIVITY	NEW FEE(S)	ADJUSTMENTS	CURRENT BALANCE
\$1,440.00	-\$1,430.00	\$1,609.00	\$0.00	-\$10.00	\$1,609.00

## Account Billing Information

POLICY NUMBER	DESCRIPTION 保険の種類	POLICY PERIOD 保険期間	STATUS	UNPAID BALANCE	MINIMUM DUE
証券番号	Personal Auto	02/15/12-02/15/13	Active	\$0.00	\$0.00
	Personal Auto 保険の種類	02/15/13-02/15/14	Renewal Offer	\$1,609.00	\$1,609.00

Total Minimum Due

\$1,609.00

Policy Holder:

ご契約者名

## Billing Schedule (As of statement date)

If you pay the minimum amount due, then your remaining installment schedule will be as follows:

Bill Date	Due Date	Amount	Bill Date	Due Date	Amount

Policy Number: 証券番号

Amount Enclosed \$ お支払金額を記入

<b>Payment Due Date</b>	02/15/13 お支払期日
<b>Current Balance</b>	<b>Minimum Due</b>
\$1,609.00	\$1,609.00

お支払い郵送先

Mail Payments To:  
The Hartford  
P O Box 660912  
Dallas TX 75266-0912



ご契約者名  
ご住所

336355396150900000000000007082920016090000160900710000107136

## Account Summary Detail

DATE	TRANSACTION DESCRIPTION	TRANSACTION POLICY NUMBER	TRANSACTION EFFECTIVE DATE	AMOUNT
03/15/12	Policy Cancelled - Non Payment	証券番号	02/15/12	-\$1,430.00
03/15/12	Late Fee Reversed			-\$10.00
03/19/12	Renewal Policy Premium		02/15/12	\$1,430.00
03/23/12	Credit Card Payment			-\$1,430.00
01/03/13	Renewal Policy Premium		02/15/13	\$1,609.00

## Description Of Vehicle And Or Property Information

車両情報 (年式、メーカー、モデル) また/あるいは  
ご自宅住所

## Explanation Of Terms

Service Fee:	A Service Fee is assessed on each installment bill, except where prohibited by law.
Insufficient Funds Fee:	A \$15.00 fee is assessed for checks returned by the bank for insufficient funds.
Late Fee:	A Late Payment Fee is assessed when the minimum payment due is not received by the due date, except where prohibited by law.
State Surcharges:	These fees are assessed by your state and local government and are sent from The Hartford to the appropriate government agency. If a surcharge is applicable in your state, it will be itemized in the Account Summary Detail Section of your bill.

## Service Information

For Coverage Questions Or Policy Changes:  
Call Your Hartford Agent  
LOYALTY GROUP INS SERVICES INC  
1-877-547-7462

Send Payment To:  
The Hartford  
P O Box 660912  
Dallas TX 75266-0912

Check Processing - When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

### Help Us To Serve You Better

- Please write your account or policy number on your check and make it payable to The Hartford. 小切手には、保険証券番号と支払宛先にHartfordをご記入下さい。
- Include the bottom portion of this statement with your payment. This will assist us in properly crediting your account. 請求書の下を切り取って、お支払と一緒に送ってください。
- Use the return envelope provided for your convenience and allow at least five days before your due date for delivery of payment. 請求書に同封されている封筒をご利用頂き、支払期日5日前にはご投かん下さい。

## **Policy Premium Information**

**The Safe Driver Credits applied or lost, or the Surcharges applied, as shown on your Declarations page, are based on the accidents and traffic violation convictions record of all drivers under the policy. Should you have any questions, please contact your Hartford Insurance Representative who can answer your questions.**

**Form CAF-1090-0 (Ed. 1/98) O.S.P. Printed in U.S.A.**