



# STATEMENT OF PREMIUM ADJUSTMENT

DATE (MM/DD/YY)

WHEN YOUR INSURANCE POLICY WAS ISSUED, THE PREMIUM WAS ESTIMATED. THIS IS A STATEMENT OF EARNED PREMIUM FOR THE PERIOD INDICATED. IF YOU HAVE ANY QUESTIONS CONCERNING THE ADJUSTED PREMIUM, PLEASE CONTACT YOUR AGENT OR BROKER.

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<b>PRODUCER</b> PHONE (A/C, No, Ext):		<b>COMPANY</b>			
AGENCY CODE:                      SUB CODE:					
<b>INSURED</b>		<b>ACCOUNT MONTH</b>		<b>POLICY TYPE:</b>	
		<b>POLICY NUMBER:</b>			
		<b>POLICY PERIOD (MM/DD/YY)</b> TO		<b>ADJUSTMENT SOURCE</b>	
		<b>ADJUSTMENT PERIOD (MM/DD/YY)</b> TO		<b>ADJUSTMENT TYPE</b>	

CODE/DESCRIPTION/LOCATION	PREVIOUSLY BILLED	*PREMIUM BASES/ AMOUNT	RATE	PREMIUM	RATE	PREMIUM

<b>*PREMIUM BASES</b> a = AREA                      p = PAYROLL c = COST                      r = RECEIPTS f = FRONTAGE                t = OTHER m = ADMISSIONS	TOTAL		TOTAL		TOTAL
			EARNED PREMIUM		
<b>COMPANY USE</b>			PREVIOUSLY BILLED		
			ADDITIONAL	PREMIUM	
			RETURN		