

1. THIS IS YOUR BILL

2a. Farm Bureau Member's Choice Policy 3054781
 Policyholder CLIENT 1 IOWA
 2b. Billing Client CLIENT 1 IOWA

3. Due Date 05/11/2021
 Amount Due \$758.57

05/11/2021 INSTALLMENT	
2016 TOYT	248.44
2006 FORD	165.24
2007 GMC	164.76
2015 NISS	176.13
Installment Fee	4.00
Amount Due By 05/11/2021	\$758.57

Farm Bureau Property & Casualty
 Insurance Company
 Iowa Regional Office
 West Des Moines, Iowa

Payment Options and Billing Questions

Customer Service
 Toll Free 866-399-FBFS (3237)
 785-587-6011

Your Agent

Policy Number 3054781
 Billing Client Number 6001225251
 Policy Period 03/09/2021-03/09/2022
 Statement Date 04/21/2021
 Payment Plan Quarterly

Thank you for choosing us for your insurance needs. For your convenience, you may make a payment by contacting Customer Service to use a check, credit card, or debit card at one of the numbers listed above or by visiting www.FBFS.com.

PKIA.NB001.0218

Make check payable to Farm Bureau Property & Casualty Insurance Company

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Detach and mail with your payment in the envelope provided. Use back of coupon for address changes or comments.

7. Payment Coupon

Due Date 05/11/2021
 Amount Due \$758.57

CLIENT 1 IOWA
 Billing Client Number 6001225251
 Policy Number 3054781



Farm Bureau Property & Casualty
 Insurance Company
 PO Box 6460
 Carol Stream, IL 60197-6460



6001225251 06 3054781 4 060821 00075857 00 000 00000 7

1. **“This is Your Bill”** indicates this is a current bill.

“Automatic Payment Notice” indicates your payments are automatically withdrawn from the bank account or credit card you provided to us.

“Past Due Notice” means that your premium is past due, which could lead to policy cancellation.

“Final Bill/Final Bill Pending Any Audits” means that your policy has been cancelled and the amount due is payment for coverage up to the cancellation date.

2. Policy information for policyholder and/or billing client.
 - a. The policyholder can be different than the payer of the bill.
 - b. The billing client is the payer of the bill.
3. Amount due and the due date. For automatic payments, this is the date the payment will be withdrawn. The funds will be withdrawn at 12:01am on that date.
4. Itemized coverage details. This detail is not shown on Past Due Notices or Final Bill/Final Bill Pending Any Audits.
5. Your agent and customer service contact information.
6. Policy information, coverage period, statement date and payment plan.
7. The payment coupon should accompany your check if you mail the payment. A payment coupon will **not** appear if you have set up automatic withdrawals.
 - Refer to the “Bill Pay” section on www.fbfs.com for additional payment options.

8. Your Activity From 04/21/2021

Your Prior Balance	
Sus Billing Membership	
New Business 03/09/2021 -- 03/09/2022	
2016 TOYT RAV4	993.76
2006 FORD EXPLORER	660.96
2007 GMC NEW	659.04
2015 NISS VERSA	704.51
Policy Change 06/02/2021 -- 03/09/2022	
2016 TOYT RAV4	121.52
2006 FORD EXPLORER	80.30
2007 GMC NEW	80.06
2015 NISS VERSA	85.80
Resume Billing Membership Auto	
Current Installment Fee	4.00

Your remaining balance as of 04/21/2021 **\$3,389.95**

9. You may pay your remaining balance or the 05/11/2021 amount due.

10. Important Billing Information

Payment by Check: When you provide a check as payment, you authorize us either to 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.

Policy changes that result in an increase or decrease in premium will be reflected on subsequent billing statements.

We will produce a refund for any premium credits or overpayments only when your annual premium is paid in full. Otherwise, a premium credit will be applied to your policy.

You can avoid the \$4.00 Installment fee for each scheduled billing statement by setting up automatic payments or by paying annually.

You may be charged a \$10.00 late fee if the amount due is not received on or prior to the due date.

You will be charged a \$25.00 NSF fee for any payment returned by your financial institution.

A current membership with your state or county Farm Bureau is required for this policy. If ANNUAL MEMBERSHIP DUES are included in this bill, this amount will be forwarded to your state or county Farm Bureau organization. If you pay less than the amount billed, any Annual Membership dues included in the amount due will be deducted from your payment first. The remainder will be applied to your premium due.

11. Please use **BLACK OR BLUE INK** to write comments or to change your address or phone number.

Change of Address or Phone Numbers
 Mailing Permanent 911

Comments: _____

Name _____
 Address _____
 City _____
 State & Zip _____
 Phone Number _____
 Home Mobile Work

- 8.** Previous balance, all premium activity and fees incurred since the last invoice.
- 9.** Farm Bureau Member's Choice policy: Amount of premium balance for the remainder of the policy term.

Commercial/AgMax policy: Amount of premium balance for the remainder of the policy term, except for any policies pending cancellation.
- 10. Important billing information** regarding payments, policy changes, refunds, fees, and membership information.
- 11.** This section will only appear if you do **not** have automatic payments set up. Use this area to submit an address change and/or comments.