

A Member of the Tokio Marine Group



service@phly.com 877-438-7459
Lines open Monday to Friday: 8.30am - 8.00pm EST

July Invoice

National Federation of the Blind of West Virginia Account number 83242970 \$1,954.69

ACH / Check Total

\$2,013.33

Credit Card Total*

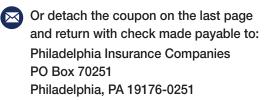
*Includes Convenience Fee

Amount reflects both Past Due

Invoice number: 2007140774 Date: 07/18/2024

Please pay \$1,954.69

Visit **PHLY.com/myphly** to pay your invoice online by Electronic Funds Transfer (EFT).



Or call 877-438-7459 to make a single credit card or EFT payment.

Managing your policy

For coverage questions, policy changes or claims please contact your agent at:

Partlow Insurance Agency, LLC. (540) 667-4980

To pay your invoice online or update your details access your account at **PHLY.com/myphly**

and Current Balance

Ralance breakdown

Amount	Due date
\$1,954.69	08/08/2024
\$0.00	Past due Pay immediately
\$1,954.69	Total due

Account number 83242970 Page 2 of 3

Current month breakdown Your account summary Term / Premium Premium Current installment Taxes / Payment / **Current balance** Product Policy Bill plan charged (\$) applied (\$) surcharge (\$) Fees (\$) credits due (\$) amount (\$) 83242970 National Federation of the Blind of West Virginia 06/18/24 - 25 902.00 902.00 0.00 0.00 0.00 Non Profit Package PHPK2574317-006 0.00 902.00 Fixed Annual 1 of 1 Fees WVSCHG 0.00 0.00 4.96 0.00 0.00 4.96 4.96 906.96 0.00 902.00 4.96 0.00 0.00 906.96 Flexi Plus Five PHSD1802574-006 06/18/24 - 25 1,042.00 0.00 1,042.00 0.00 0.00 0.00 1,042.00 Fixed Annual 1 of 1 Fees WVSCHG 5.73 0.00 0.00 5.73 0.00 0.00 5.73 1,047.73 0.00 1,042.00 5.73 0.00 0.00 1,047.73 Payments will be allocated towards these charges first

Total Balance: 1,954.69

Remittance Amount:

PHILADELPHIA INSURANCE COMPANIES PO BOX 70251 PHILADELPHIA PA 19176-0251

000000083242970 02007140774

00000000195469 20240808 20240718 2

Billing terms

Policy The program

Term The policy length

Product Identifies PHLY niche product group

Bill plan Full or interval payment plan applied to this policy. For Surety bonds, only Fixed Annual bill plan will be available

Premium charged Policy premium at inception plus any additional premium or return premium endorsements

Premium applied Payments or adjustments made to date

Current installment amount Divided portion of premium invoiced this month based on the Bill Plan

Taxes/surcharges and fees State imposed taxes or surcharges based on specific coverage and/or premium

Payment / credits Payments or adjustments made for the current month

Current balance due Total amount currently due

Notice A \$5.00 monthly installment fee may be included. If payment is received after the invoice due date, a \$25.00 late fee will be incurred (some states may vary)

\$1,954.69 2007140774 07/18/2024 83242970 Account Number: Amount Due: Invoice Number: Billing Date:

> COMPANIES PHILADELPHIA INSURANCE

A Member of the Tokio Marine Group PO Box 70251 Philadelphia PA 19176-0251

National Federation of the Blind of West Virginia 833 Chappell Rd Charleston WV 25304-2705