ACORD STATEMENT OF PREMIUM ADJUSTMENT

DATE (MM/DD/YY)

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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.

PRODUCER	PHONE (A/C, No, Ext):	COMPANY
AGENCY CODE: SUB CODE:		

INSURED	ACCOUNT MONTH	POLICY TYPE:
		POLICY NUMBER:
	POLICY PERIOD (MM/DD/YY) TO	ADJUSTMENT SOURCE
	ADJUSTMENT PERIOD (MM/DD/YY) TO	ADJUSTMENT TYPE

CODE/DESCRIPTION/LOCATION	PREVIOUSLY BILLED	*PREMIUM BASES/ AMOUNT	RATE	PREMIUM	RATE	PREMIUM
*PREMIUM BASES a = AREA p = PAYROLL c = COST r = RECEIPTS f = FRONTAGE t = OTHER m = ADMISSIONS	TOTAL			TOTAL		TOTAL
						EARNED PREMIUM
COMPANY USE						PREVIOUSLY BILLED
					☐ ADDITIONAL ☐ RETURN	PREMIUM

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