

HELTON INSURANCE GROUP
 PO BOX 248
 CALHOUN KY 42327-0248
INVOICE

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

Phone 1-800-288-8740 Fax 517-391-5101
 www.auto-owners.com

Please contact your agent with questions at:
 (270) 273-3252

Billing Account Information	
Statement Date	10-26-2021
Account Number	012577726
Payment Plan	FULL PAY
Due Date	11-15-2021

BEECH GROVE WATER SYSTEM INC
 445 STATE ROUTE 56 N
 CALHOUN KY 42327-9597

Summary of Billing Account Activity					
Previous Balance	Payments	Policy Activity	Fees	Total	Minimum Due
\$0.00	\$0.00	\$6,170.21	\$0.00	\$6,170.21	\$5,616.15
Total with Paid In Full Discount					
					\$5,616.15

Payments must be received by the Due Date to receive the Paid in Full Discount.

fold and detach here

0018242

14-0121-00



BEECH GROVE WATER SYSTEM INC
 445 STATE ROUTE 56 N
 CALHOUN KY 42327-9597

Billing Account Information	
Account Number	012577726
Due Date	11-15-2021
Total	\$6,170.21
Minimum Due	\$5,616.15
Total with Paid In Full Discount	
\$5,616.15	

Please make checks payable to:

AUTO-OWNERS INSURANCE
 PO BOX 740312
 CINCINNATI, OH 45274-0312

For updates to your billing address, mark Address Change below
 and fill out the back of this stub.

____ Address Change

100000125777260000000000000000056161500005616150

Policies on Account

COMMERCIAL AUTO 49-015239-00	Effective Date	Policy Activity	Total	Minimum Due	Total Due with Paid in Full Discount
	11-15-2020	\$0.00	\$0.00	\$0.00	Discount Applied
Vehicle(s): 2008 IMPE 21" TRAILER 2015 FORD F250 SUPER DUTY					

COMMERCIAL AUTO 49-015239-00	Effective Date	Policy Activity	Total	Minimum Due	Total Due with Paid in Full Discount
	11-15-2021	\$1,031.71	\$1,031.71	\$918.21	\$918.21
Vehicle(s): 2008 IMPE 21" TRAILER 2015 FORD F250 SUPER DUTY					

TAILORED PROTECTION 52-021865	Effective Date	Policy Activity	Total	Minimum Due	Total Due with Paid in Full Discount
	11-15-2020	\$0.00	\$0.00	\$0.00	Discount Applied

TAILORED PROTECTION 52-021865	Effective Date	Policy Activity	Total	Minimum Due	Total Due with Paid in Full Discount
	11-15-2021	\$4,043.50	\$4,043.50	\$3,672.94	\$3,672.94

WORKERS COMPENSATION 52-021344	Effective Date	Policy Activity	Total	Minimum Due	Total Due with Paid in Full Discount
	11-15-2020	\$0.00	\$0.00	\$0.00	Discount Applied

WORKERS COMPENSATION 52-021344	Effective Date	Policy Activity	Total	Minimum Due	Total Due with Paid in Full Discount
	11-15-2021	\$1,095.00	\$1,095.00	\$1,025.00	\$1,025.00

Important Billing Information

- Payment of your premium by check, to Auto-Owners Insurance or your agency, authorizes us to process your payment electronically. Funds may be withdrawn from your account as soon as the same day we receive your payment.
- A fee of up to \$15.00 may be charged if a cancellation bill is issued (except IL, IA, MI, & VA).
- IL, IA, MI, & VA only - A fee of \$15.00 is charged if a cancellation bill is issued and your insurance is continued or reinstated. No fee is charged if your insurance is cancelled and not reinstated.
- A fee of up to \$25.00 may be charged for returned items. Returned items may be represented as an electronic ACH transaction.
- A convenience fee of up to \$1.25 may be charged when making a payment by phone.

Billing Address Change

BEECH GROVE WATER SYSTEM INC

Account Number: 012577726

Street Address: _____ City: _____ State: _____ Zip Code: _____

Policies on AccountCOMMERCIAL AUTO 49-015239-00
WORKERS COMPENSATION 52-021344

TAILORED PROTECTION 52-021865