

¡GRACIAS POR SU PREFERENCIA!

AQUÍ LE EXPLICAMOS
COMO LEER SU ESTADO DE CUENTA.

*
¡NO SE PREOCUPE!
SU PÓLIZA NO
ESTÁ CANCELADA.

ESTA SECCIÓN INDICA LOS
PAGOS QUE LE VAN QUEDANDO
E, Y SI DESEA PAGAR EL
BALANCE DE SU PÓLIZA **F**.

POR FAVOR DESPEGUE
ESTA PARTE Y ENVÍELO
CON SU PAGO. ☺

ESTA PARTE CONTIENE
INFORMACIÓN DE SU
PAGO, Y NÚMERO DE
PÓLIZA **A**, FECHA DE
PAGO **B**, TAL COMO
CANTIDAD **C**. TAMBIEN
INCLUYE LA CANTIDAD
DEL PAGO SI LO EFECTUA
TARDE **D**.

ESTA PARTE INDICA CUANDO SU PÓLIZA SE CANCELARA SI EL PAGO NO ES
CELADO POR EL SERVICIO DE CORREOS ANTES O EN LA FECHA DE
CANCELACIÓN **G**, SU PÓLIZA ESTÁ A UN VIGENTE.

Below you will find your bill. Please pay the premium to avoid cancellation.

Policy Number WIN99992921	Policy Effective Date 10/13/2006	Policy Expiration Date 04/13/2007	Cancellation or Termination Effective 11/13/2006 G	Notice Date 12:01 AM Standard Time 10/18/2006
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NOTICE OF INTENT TO CANCEL FOR NON-PAYMENT OF PREMIUM
***** THIS IS THE ONLY NOTICE YOU WILL RECEIVE REGARDING PAYMENT OF PREMIUM*****
 You are hereby notified in accordance with the terms and conditions of the above mentioned policy that your insurance will be cancelled at 12:01am Standard Time on 11/13/2006 if premium due is not postmarked by the cancellation date.

Insurance Company: WINDHAVEN INSURANCE COMPANY
 Insured: 01780

JOHN DOE
 123 SAMPLE DR #508
 ANYTOWN, FL 32210

FINANCIAL RESPONSIBILITY MUST BE MAINTAINED ON ALL FLORIDA REGISTERED VEHICLES. FAILURE TO MAINTAIN PERSONAL INJURY PROTECTION AND PROPERTY DAMAGE LIABILITY COVERAGE MAY RESULT IN THE LOSS OF REGISTRATION AND DRIVING PRIVILEGES IN THIS STATE. WE MUST NOTIFY THE FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES THAT YOUR POLICY IS BEING TERMINATED. THE FEE REQUIRED BY THE FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES TO REINSTATE A DRIVER'S LICENSE OR REGISTRATION WHICH HAS BEEN SUSPENDED IS \$150 FOR THE FIRST REINSTATEMENT. SUCH FEES ARE \$250 FOR THE SECOND REINSTATEMENT AND \$500 FOR EACH SUBSEQUENT REINSTATEMENT DURING THE 3 YEARS FOLLOWING THE FIRST REINSTATEMENT.

Installment Type	Due Date	Amount Due *
INSTALLMENT #01	11/02/2006	\$67.10
INSTALLMENT #02	12/02/2006	\$66.16
INSTALLMENT #03	01/02/2007	\$65.23
INSTALLMENT #04	02/02/2007	\$64.29
INSTALLMENT #05	03/02/2007	\$63.34

E

Interest Charge: \$4.68
 To pay in full now: \$316.76
 Minimum Now Due: \$67.10

* Please note that the interest charges listed above are based on your remaining balance due as of the date of this notice. Any modifications to your policy that result in an increase or decrease to your remaining balance due will affect the amount of future interest charges.

There will be a \$15.00 charge for returned checks
MAKE YOUR PAYMENT ANYTIME WITH OUR AUTOMATED SYSTEM AT 1-800-856-0191 OR ONLINE AT WWW.AMERICANSOUTHWEST.COM.
 If a check is submitted to the company, the information on that check will be used to make an electronic payment from your account.
 Cut along this line - Return this portion with your payment.

10/18/2006

PREMIUM DUE NOTICE
 Write your Policy Number on your payment.
 Please mail payment directly to the Company.

Policy Number WIN99992921	Payment Due Date 11/02/2006	Amount Due Now \$67.10	Late Payment Amount \$77.10 *
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*LATE - A \$10.00 LATE FEE will be charged if payment is made at least 5 days beyond the due date shown on the invoice. This charge is fully insured.

Payment postmarked after the Cancellation Date of 11/13/2006 will NOT be accepted.

Insured:
 JOHN DOE
 123 SAMPLE DR #508
 ANYTOWN, FL 32210

Agent:
 5999999

SAMPLE AGENCY
 123 SAGENT STREET
 JACKSONVILLE, FL 32210

Make Payment to:
 American Southwest Insurance Managers
 PO BOX 701749
 DALLAS, TX 75370-1749

Agent Phone: (904)555-7997



**POR FAVOR ENVÍE LA CANTIDAD DEL PAGO A LA
ATENCIÓN DE:**

Windhaven Underwriters, LLC
 PO BOX 701749
 Dallas, Texas 75370-1749

**O HAGA SU PAGO CON NUESTRO SISTEMA AUTOMATIZADO EN (855) 467-9463
O EN LÍNEA EN WWW.WINDHAVENINSURANCE.COM**