



FULL PAYMENT BILLING NOTICE

BILLING ADDRESS Kahler Glen Condominium Association PO Box 712 Leavenworth, WA 98826	INSURED ADDRESS Kahler Glen Condominium Association 20795 Kahler Drive #9 Leavenworth, WA 98826	PRODUCER ADDRESS Community Association Underwriters Of America 40 Lake Bellevue, Suite 100 Bellevue, WA 98005
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ACCT # 18808	POLICY # PPP7443489-3	INSURANCE COMPANY Greenwich	LINE OF BUSINESS XLIB	INVOICE DATE 3/5/2014
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FULL PAYMENT IN THE AMOUNT OF \$1,400.00 IS DUE BY 3/20/2014.
If you have any questions, please call (800) 228-1930.

ACCT # 18808	JGS POLICY # PPP7443489-3	EFFECTIVE DATE 3/20/2014	EXPIRATION DATE 3/20/2015	PREMIUM \$ 1,250.00	MEMBERSHIP FEE \$ 150.00	TOTAL PREMIUM \$ 1,400.00
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DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED.

FULL PAYMENT BILLING NOTICE



TO ENSURE THAT YOUR ACCOUNT IS PROPERLY CREDITED
PLEASE INCLUDE THE COUPON WITH YOUR PAYMENT.

AMOUNT ENCLOSED
\$

ACCT # 18808	POLICY # PPP7443489-3 JGS	EFFECTIVE DATE 3/20/2014	DUE DATE 3/20/2014	TOTAL PREMIUM \$ 1,400.00	DOWN PAYMENT \$ 1,400.00
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PLEASE INDICATE ANY CHANGES IN BILLING ADDRESS

Kahler Glen Condominium Association
PO Box 712
Leavenworth, WA 98826

PLEASE MAKE CHECK PAYABLE TO:
Community Association Underwriters

PLEASE MAIL CHECK TO:
Community Association Underwriters
P.O. Box 1100
Newtown, PA 18940