



# STATEMENT OF PREMIUM ADJUSTMENT

DATE (MM/DD/YY)

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.

PAGE OF PAGES

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
		TOTAL		TOTAL		TOTAL

\*PREMIUM BASES

a = AREA  
c = COST  
f = FRONTAGE  
m = ADMISSIONS

p = PAYROLL  
r = RECEIPTS  
t = OTHER

TOTAL

TOTAL

TOTAL

EARNED PREMIUM

COMPANY USE

PREVIOUSLY BILLED

ADDITIONAL  
RETURN

PREMIUM