

PREMIUM REMITTANCE REPORT

Policyholder: _____ **Policy Year:** _____
Carrier: _____ **Month Due:** _____

Specific Coverage	No. of Employees	Rate	Premium Due
Aggregate Coverage	No. of Employees	Rate	Premium Due

PREMIUM DUE: \$ _____

Your check representing monthly premium, along with a copy of this form, and sent to:

Please make all checks payable to:
HIIG Underwriters Agency, Inc.

REGULAR MAIL ADDRESS:
HIIG Underwriters Agency, Inc.
P.O. Box 849998
Dallas, TX 75284-9998

OVERNIGHT PHYSICAL ADDRESS:
HIIG Underwriters Agency, Inc.
C/O Bank of America Lock Box Services
Lockbox 849998
1950 N. Stemmons Freeway
Dallas, TX 75207

Completed by: _____ **Phone #:** _____

Your billing inquiries should be directed to:
Premiumaccounting@hiig.com