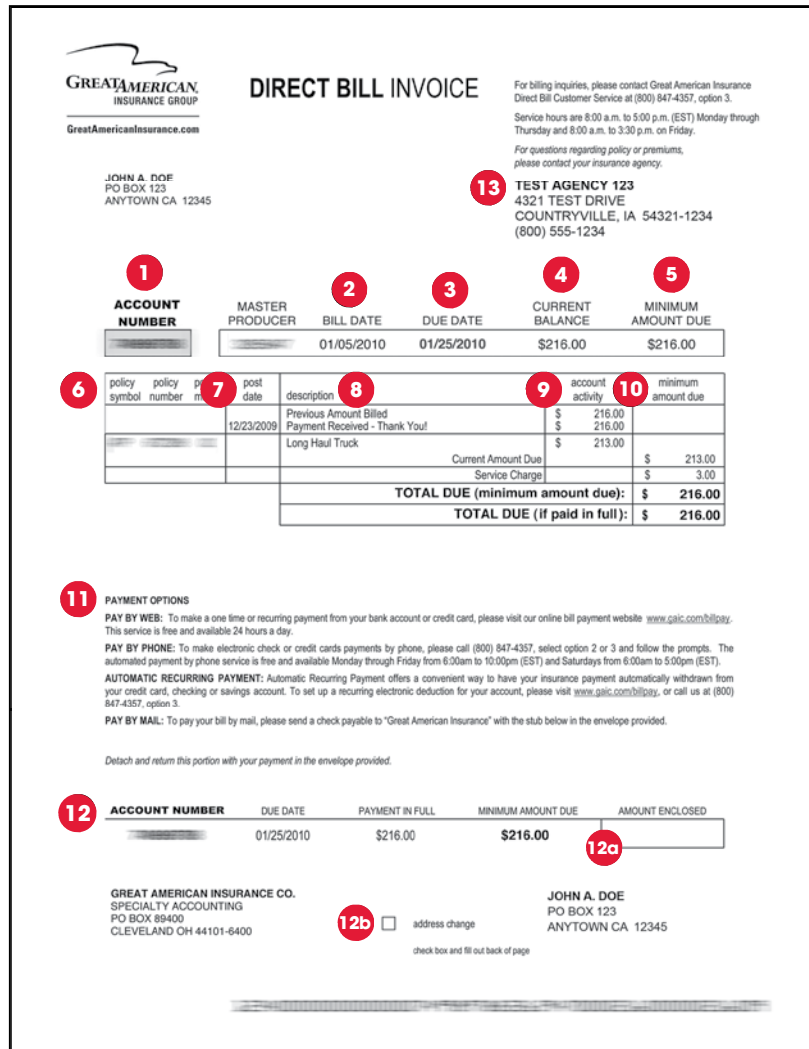


If you have any questions about your premium invoice, or want to sign up for automatic reoccurring payment, please call our Customer Service team toll free from 8:00 am to 5:00 pm (Monday - Thursday) or 8:00 am to 3:30 pm (Friday) Eastern time at **1-800-847-4357**.

We also offer a variety of payment options. These are detailed on your invoice; see item #11 below.

Page 1



1 ACCOUNT NUMBER

2 MASTER PRODUCER

3 BILL DATE

4 CURRENT BALANCE

5 MINIMUM AMOUNT DUE

6 policy symbol

7 post date

8 description

9 account activity

10 minimum amount due

11 PAYMENT OPTIONS

12 ACCOUNT NUMBER

12a

12b address change

13 TEST AGENCY 123

Understanding Your Direct Bill Premium Invoice

12a Remember to fill in the amount you are paying on this statement.

12b For billing address changes, please mark this box and make the necessary changes on the back of the payment stub.

13 **Agent**
Your independent agent whom you should contact regarding policy changes or coverage questions.

1 **Account Number**
Your unique billing account number.

2 **Bill Date**
The date this Direct Bill invoice was printed.

3 **Due Date**
The date your payment must be received by Great American.

4 **Current Balance**
The total current balance for the account.

5 **Minimum Amount Due**
The minimum amount that you must pay to keep your account current and your policies in force. A service charge may be included.

6 **Policy Number**
The policy numbers of all policies included in your account.

7 **Date**
The process date of the activity.

8 **Description**
A description of the policy or account activity.

9 **Account Activity**
The total amount of premium transactions or payments for each policy. This will reflect previous balance, payments and credits, premiums and charges, or any other applicable activity on the account.

10 **Minimum Amount Due**
The minimum amount for each policy that you must pay to keep your account current and your policies in full force.

11 **Payment Options**
You can choose payment by phone, automatic withdrawal from your bank account or payment by mail.

12 **Payment Stub**
Detach and return this portion with your payment.

Understanding Your Direct Bill Premium Invoice

14 POLICIES ON THE ACCOUNT

policy symbol	policy number	policy mod	payment plan	number of installments remaining	remaining balance
			0% down and monthly payments with the total due 1 month prior to expiration	0	\$ 213.00

15 BILLING DEFINITIONS

PREVIOUS BALANCE: The Minimum Amount Due stated on your last Premium Invoice.
 PREMIUM AND FEES: New premium charges and/or fees incurred after the date of your last Premium Invoice.
 PAYMENTS: Amounts received on account after the date of your last Premium Invoice.
 PAST DUE AMOUNT: Minimum amount owed by the Due Date to maintain your account in good standing.
 PAYMENT IN FULL: Total amount of premium and fees owed on the account as of the date of the current Premium Invoice.
 SERVICE CHARGE: Processing or transaction charges added to your account.

16 TERMS AND CONDITIONS

If the Past Due Amount is not received by the Due Date, a Cancellation will be issued for each delinquent policy. Payments received after cancellation date will not automatically reinstate the cancelled policy or policies. This invoice is not a reinstatement of any coverage or policy previously cancelled. The Company reserves the right to determine whether a cancelled policy will be reinstated following receipt of payment on or after the cancellation date. A Returned Check Fee of \$25.00 will be added to your account balance for each check returned unpaid by your bank.

BILLING ADDRESS CHANGE

Street Address _____

City _____

State _____ Zip _____

14 Policies on Account

Details of the policies on the account listing the payment plans, number of remaining installments and balance.

15 Billing Definitions

A list of billing terms and definitions that appear on the invoice.

16 Terms and Conditions

The terms and conditions of your Direct Bill account.

If you have any questions about your premium invoice, or want to sign up for automatic reoccurring payment, please call our Customer Service team toll free from 8:00 am to 5:00 pm (Monday - Thursday) or 8:00 am to 3:30 pm (Friday) Eastern time at **1-800-847-4357**.

The explanation provided in this brochure pertains to invoices for insurance premiums charged for coverage provided by any of the Great American Pooled Insurance Companies which includes: Great American Alliance Insurance Company, Great American Assurance Company, Great American Contemporary Insurance Company, Great American E & S Insurance Company, Great American Fidelity Insurance Company, Great American Insurance Company, Great American Insurance Company of New York, Great American Protection Insurance Company, Great American Security Insurance Company, Great American Spirit Insurance Company and Worldwide Casualty Insurance Company.