

# Reading a Billing Invoice for Personal and Business Policies

## 1. Document Type

### This is Your Bill

Indicates this is a current bill.

### Automatic Payment Notice

Payments are automatically withdrawn from the bank account or credit card you provided to us.

### Past Due Notice

Premium is past due and could lead to policy cancellation.

### Final Bill/Final Bill Pending Any Audits

The policy has been cancelled and the amount due is payment for coverage up to the cancellation date.

## 2. Policy Information for Policyholder and/or Billing Client

- a. Policyholder can be different than the payer of the bill.
- b. Billing client is the designated payer of the bill.

## 3. Due Date and Amount Due

For automatic payments, this is the date the amount due will be withdrawn. Funds will be withdrawn at or after 12:01am on that date.

## 4. Itemized Coverage Details

This detail is not shown on Past Due Notices or Final Bill/ Final Bill Pending Any Audits.

## 5. Payment Options and Billing Questions

Shows agent and customer service contact information. Also includes policy information, coverage period, statement date, and payment plan.

## 6. Payment Coupon

This should accompany your check if payment is mailed in. It will not appear if you have set up automatic withdrawals.

Refer to "Bill Pay" section on [www.fbs.com](http://www.fbs.com) for additional payment options.



1 THIS IS YOUR BILL

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2a. Farm Bureau Member's Choice Policy 3054781  
 Policyholder CLIENT 1 IOWA  
 2b. Billing Client CLIENT 1 IOWA

3

Due Date 05/11/2021  
 Amount Due \$758.57

4

05/11/2021 INSTALLMENT	
2016 TOYT	248.44
2006 FORD	165.24
2007 GMC	164.76
2015 NISS	176.13
Installment Fee	4.00
<b>Amount Due By 05/11/2021</b>	<b>\$758.57</b>

Farm Bureau Property & Casualty  
 Insurance Company  
 Iowa Regional Office  
 West Des Moines, Iowa

### Payment Options and Billing Questions

Customer Service  
 Toll Free 866-399-FBFS (3237)  
 785-587-6011

Your Agent [Redacted]

Policy Number 3054781  
 Billing Client Number 6001225251  
 Policy Period 03/09/2021-03/09/2022  
 Statement Date 04/21/2021  
 Payment Plan Quarterly

5.

Thank you for choosing us for your insurance needs. For your convenience, you may make a payment by contacting Customer Service to use a check, credit card, or debit card at one of the numbers listed above or by visiting [www.FBFS.com](http://www.FBFS.com).

PKIA.NB001.0218 Make check payable to Farm Bureau Property & Casualty Insurance Company Page 1 of 2

Detach and mail with your payment in the envelope provided. Use back of coupon for address changes or comments.

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### Payment Coupon

Due Date 05/11/2021  
 Amount Due \$758.57

CLIENT 1 IOWA  
 Billing Client Number 6001225251  
 Policy Number 3054781

Farm Bureau Property & Casualty  
 Insurance Company  
 PO Box 6460  
 Carol Stream, IL 60197-6460

6001225251 06 3054781 4 060821 00075857 00 000 00000 7

**7. Your Activity From MM/DD/YYYY**  
Shows previous balance, all premium activity, and fees incurred since the last invoice.

**8. Your Remaining Balance as of MM/DD/YYYY**  
Premium balance for the remainder of the policy term.  
Commercial/AgMax policy: Amount of premium balance for the remainder of the policy term, except for any policies pending cancellation.

**9. Important Billing Information**  
Contains important information regarding payments, policy changes, refunds, fees, and membership information.

**10. Comments and Change of Address**  
This section will only appear if you do not have automatic payments set up. Use this area to submit an address change and/or comments.

**7** Your Activity From 04/21/2021

Your Prior Balance	
Sus Billing Membership	
New Business 03/09/2021 -- 03/09/2022	
2016 TOYT RAV4	993.76
2006 FORD EXPLORER	660.96
2007 GMC NEW	659.04
2015 NISS VERSA	704.51
Policy Change 06/02/2021 -- 03/09/2022	
2016 TOYT RAV4	121.52
2006 FORD EXPLORER	80.30
2007 GMC NEW	80.06
2015 NISS VERSA	85.80
Resume Billing Membership Auto	
Current Installment Fee	4.00
<b>Your remaining balance as of 04/21/2021</b>	<b>\$3,389.95</b>

**8** You may pay your remaining balance or the 05/11/2021 amount due.

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**9** Important Billing Information

**Payment by Check:** When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Policy changes that result in an increase or decrease in premium will be reflected on subsequent billing statements.

We will produce a refund for any premium credits or overpayments only when your annual premium is paid in full. Otherwise, a premium credit will be applied to your policy.

You can avoid the \$4.00 Installment fee for each scheduled billing statement by setting up automatic payments or by paying annually.

You may be charged a \$10.00 late fee if the amount due is not received on or prior to the due date.

You will be charged a \$25.00 NSF fee for any payment returned by your financial institution.

A current membership with your state or county Farm Bureau is required for this policy. If ANNUAL MEMBERSHIP DUES are included in this bill, this amount will be forwarded to your state or county Farm Bureau organization. If you pay less than the amount billed, any Annual Membership dues included in the amount due will be deducted from your payment first. The remainder will be applied to your premium due.

**10**

Please use **BLACK OR BLUE INK** to write comments or to change your address or phone number.

Change of Address or Phone Numbers  
 Mailing       Permanent       911

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State & Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Home     Mobile     Work