



This is your Commercial Insurance Invoice

MAKE CHECKS PAYABLE TO:  
CAIS, LLC

Pay by credit card or checking account online by registering at  
[www.caislive.com/payments](http://www.caislive.com/payments)

Name: Policyholder Name  
Account: 77711120200106XXXXY  
Invoice Number: XXX2222

Statement Date: 09/16/2020

Due Date: 10/31/2020

Minimum Due: \$652.00

To avoid cancellation, please pay the amount due by: 10/31/2020

POLICY INFORMATION

POLICY #: 20200106XXXXY

EFFECTIVE DATE: 09/15/2020

COMPANY: Your Insurance Company

AGENCY: Your Insurance Agency

AGENCY PHONE: (888)888-8888

MINIMUM PAYMENT DUE:  
\$652.00

BALANCE DUE:  
\$652.00

INSTALLMENT SCHEDULE

INVOICE DATE	DUE DATE	AMOUNT	PAID	TOTAL
09/16/2020	10/31/2020	\$652.00	\$0.00	\$652.00