



April 10, 2018

MARK NELSON
9754 CHANTECLAIR CIR
HIGHLANDS RANCH CO 80126-3052

Account number: G909446996

Fire policy: 30056-35-68 9754 Chantclair Cir Highlands Ranch, CO
80126

Refund Amount: \$87.02

Refund check no. 0471078538

Dear Mark Nelson,

A credit has recently been applied to your insurance billing account due to either a policy change or an overpayment.

Enclosed is a refund check.

The premium for this policy was billed to your Mortgage Company. We recommend contacting your Mortgage Company to determine if this refund should be deposited back to your escrow account. A shortage in your mortgage escrow account may result in an increase of your monthly mortgage payments or an additional bill from your Mortgage Company.

We appreciate your business. If you have any questions, please contact your Farmers agent. Or, you may reach us at 1-877-327-6392.

Sincerely,

Chanda Sperry
Head of Service Operations

Agent name: RICHARD D. BUCHANAN

Agent phone: (303)985-5555

rbuchanan@farmersagent.com



NAME OF PAYEE:

MARK NELSON
9754 CHANTECLAIR CIR
HIGHLANDS RANCH CO 80126-3052

BILLING ACCOUNT NO: G909446996

DATE: 04-10-2018

CHECK NO. 0471078538

CHECK AMOUNT: \$87.02

This check is sent to you for the following reason;

- CREDIT ON ACTIVE ACCOUNT

Agent Contact:

RICHARD D. BUCHANAN
44 UNION BLVD #105
LAKEWOOD, CO. 80228
(303)985-5555

PLEASE FOLD AND DETACH CHECK ON RED LINE BELOW

62 20

N 01 01 45 J22S 000194

RICHARD D BUCHANAN
44 UNION BLVD #105
LAKEWOOD, CO 80228



Home Insurance Policy Change

GFRU002006

MARK NELSON
9754 CHANTECLAIR CIR
HIGHLANDS RANCH CO 80126-3052

4/4/2018

Dear Mark Nelson,

Thank you for choosing Farmers Insurance as your provider of home insurance.

As requested, the mortgage information on your policy has been changed. Please review the accompanying Declaration Page for more details about your updated policy.

A summary of your premium information is shown below.

Premium at-a-glance

Full-term Premium (excluding fees)	\$2,546.30
Prorated Premium (4/3/2018 - 11/1/2018)	-\$87.02
► Total for this Transaction	-\$87.02

This is not a bill.

Your bill with the amount due will be mailed separately to your mortgagee company.

If you have any questions or would like to learn more about our other insurance products and services, please contact your agent.

We appreciate your business.

Sincerely,

Farmers Insurance Group®

Your Farmers Policy

Policy Number: 30056-35-68

Effective: 4/3/2018 12:01 AM

Expiration: 11/1/2018 12:01 AM

Property Insured

9754 Chanteclair Cir
Highlands Ranch, CO 80126-3052

Your Farmers Agent

Richard D Buchanan

44 Union Blvd #105

Lakewood, CO 80228

(303) 985-5555

rbuchanan@farmersagent.com

To file a claim call

1-800-435-7764

Did you know?



Go Paperless

Save stamps, time and trees....Go Paperless! You can choose to receive your Farmers policy documents and/or billing statement electronically. Enroll at farmers.com and choose the paperless options!

farmers.com



Declarations (continued)

Policy and Endorsements

This section lists the policy form number and any applicable endorsements that make up your insurance contract. Any endorsements that you have purchased to extend coverage on your policy are also listed in the coverages section of this declarations document: 56-5627 1st ed.; J6263 4th ed.; J7023 1st ed.; 25-6258 7-04

Other Information

- Please contact your Farmers[®] agent for a free Farmers Friendly Review[®] so that you can ensure that your family is properly protected. Your agent can explain all of the policy discounts/credits, coverage options and our various other product offerings that may be available to you.
- Mortgagee pays premium for this policy.
- Any outstanding credit will be applied to your remaining account balance. However, 'insured' can request an immediate refund for any outstanding credit if preferred.

*Information on Additional Fees

The "Fees" stated in the "Premium/Fees" section on the front apply on a per-policy, not an account basis. The following additional fees also apply:

- 1. Service Charge per installment** (In consideration of our agreement to allow you to pay in installments):
 - For Recurring Electronic Funds Transfer (EFT) and fully enrolled online billing (paperless): **\$0.00** (applied per account)
 - For other Recurring EFT plans: **\$2.00** (applied per account)
 - For all other payment plans: **\$5.00** (applied per account)
- 2. Late Fee: \$10.00** (applied per account)
- 3. Returned Payment Charge: \$20.00** (applied per check, electronic transaction, or other remittance which is not honored by your financial institution for any reason including but not limited to insufficient funds or a closed account)
- 4. Reinstatement Fee: \$25.00** (applied per policy)

One or more of the fees or charges described above may be deemed a part of premium under applicable state law.

If this account is for more than one policy, changes in these fees are not effective until the revised fee information is provided for each policy.



85059101

26-5059 4-09



FARMERS
INSURANCE

THIS DOCUMENT CONTAINS VOID TEXT THAT WILL APPEAR WHEN PHOTOCOPIED.

Farmers Insurance
PO Box R
Grand Rapids MI 49501

311

Represents
Refund on

Billing Account Number G909446996

DATE: 04-10-2018

PAY

\$87.02

CHECK NOT GOOD AFTER SIX MONTHS
No. 0471078538

FARMERS
INSURANCE

FARMERS INSURANCE GROUP OF COMPANIES REFUND ACCOUNT

TO THE ORDER OF

Mark Nelson

CITIBANK DELAWARE - A SUBSIDIARY OF CITICORP ONE PENNS WAY, NEW CASTLE, DE 19720

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK.

HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

0471078538

0311002091

38641962

85059101

26-5059 4-09



FARMERS
INSURANCE

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Farmers Insurance
PO Box R
Grand Rapids MI 49501

311

Represents
Refund on

Billing Account Number G909446996

DATE: 04-10-2018

PAY

\$87.02

CHECK NOT GOOD AFTER SIX MONTHS
No. 0471078538

TO THE ORDER OF
Mark Nelson

FARMERS
INSURANCE

FARMERS INSURANCE GROUP OF COMPANIES REFUND ACCOUNT

CITIBANK DELAWARE - A SUBSIDIARY OF CITICORP ONE PENNS WAY, NEW CASTLE, DE 19720

Ken Mylan

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⑈031100209⑈

38641962⑈

85059101

26-5059 4-09



FARMERS
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Farmers Insurance
PO Box R
Grand Rapids MI 49501

311

Represents
Refund on

Billing Account Number G909446996

DATE: 04-10-2018

PAY

\$87.02

CHECK NOT GOOD AFTER SIX MONTHS
No. 0471078538

*Eighty Seven and 2/100 DOLLARS

FARMERS
INSURANCE

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