

Stop-Loss Premium Statement

Insured Group:	Policy Number:
Carrier: <input type="checkbox"/> ACE American Insurance Company <input type="checkbox"/> Fidelity Security Life Insurance Company	
Coverage Month:	Expiration Date:

Coverage Units		Rate		Monthly Premium
Single Employee:	X		=	
Family:	X		=	
Aggregate:	X		=	
Accommodation:	X		=	
Total Premium:				
Total Gross Premium:				
Less _____ Commission:				
Total NET Premium Remitted:				

****Retroactive adjustments to enrollments will only be considered for a maximum of 3 months****

Remitted By: _____

Position: _____ **Date:** _____

Please note that the above information is subject to verification audit by the carrier or underwriters at interest for this coverage.

Premium is due by the 1st of each month.

All premium questions should be directed to Walt Spargo at 610.840.0401, ext. 7105.

Please send remittance to:

NorthWind, LLC
Attn: Walt Spargo
1595 Paoli Pike, Suite 103
West Chester, PA 19380
610.840.0401
610.840.0402 FAX