ACORD STATEMENT OF PREMIUM ADJUSTMENT

DATE (MM/DD/YY)

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WHEN YOUR INSURANCE POLICY WAS ISSUED, THE PREMIUM WAS ESTIMATED. THIS IS A STATEMENT OF EARNED PREMIUM FOR THE PERIOD INDICATED. IF YOU HAVE ANY QUESTIONS CONCERNING THE ADJUSTED PREMIUM, PLEASE CONTACT YOUR AGENT OR BROKER.

PRODUCER

PHONE (A/C, No, Ext):

AGENCY CODE:

SUB CODE:

COMPANY

INSURED

ACCOUNT MONTH

POLICY TYPE:

POLICY NUMBER:

POLICY PERIOD (MM/DD/YY)

TO

ADJUSTMENT SOURCE

ADJUSTMENT PERIOD (MM/DD/YY)

TO

ADJUSTMENT TYPE

CODE/DESCRIPTION/LOCATION	PREVIOUSLY BILLED	*PREMIUM BASES/ AMOUNT	RATE	PREMIUM	RATE	PREMIUM
*PREMIUM BASES a = AREA c = COST f = FRONTAGE m = ADMISSIONS p = PAYROLL r = RECEIPTS t = OTHER	TOTAL			TOTAL		TOTAL
				EARNED PREMIUM		
COMPANY USE				PREVIOUSLY BILLED		
				☐ ADDITIONAL ☐ RETURN PREMIUM		

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