


Understanding Your Direct Bill Premium Invoice

If you have any questions about your premium invoice or want to sign up for automatic recurring payment, please contact us at **1-800-847-4357** from 8 am – 6 pm ET (Monday – Thursday) or 8 am to 4:30 pm ET (Friday).

We also offer a variety of payment options. These are detailed on your invoice; see item 10.

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- 1. Account Number** – Your unique billing account number.
- 2. Bill Date** – The date this Direct Bill invoice was printed.
- 3. Due Date** – The date your payment must be received by Great American.
- 4. Current Balance** – The total current balance for the account.
- 5. Minimum Amount Due** – The minimum amount you must pay to keep your account current and your policies in force. A service charge may be included.
- 6. Policy Number** – The policy numbers of all policies included in your account. Policy numbers ending in “F” represent deductible reimbursement amounts owed under your deductible(s).
- 7. Post Date** – The process date of the activity.
- 8. Description** – A description of the policy, deductible transaction, fee or account activity.
- 9. Minimum Amount Due** – The minimum amount for each policy that you must pay to keep your account current and your policies in force.
- 10. Payment options** – An explanation of each payment option in detail.
- 11. Payment stub** – Detach and return this portion with your payments.
 - 11a.** Remember to fill in the amount you are paying.
 - 11b.** Address Changes – For billing address changes, please mark the box and make the necessary changes on the back of the payment stub.
- 12. Agent** – Your independent agent whom you should contact regarding policy coverage changes.

 **DIRECT BILL INVOICE**

For billing inquiries, please contact Great American Insurance Direct Bill Customer Service at (800) 847-4357, option 3.
Service hours are 8:00 a.m. to 6:00 p.m. (EST) Monday through Thursday and 8:00 a.m. to 4:30 p.m. on Friday.
For questions regarding policy or premiums, please contact your insurance agency.

GreatAmericanInsurance.com

INSURED ACCOUNT # 1
 123 STREET
 CINCINNATI OH 45202

NEW INSURANCE AGENCY
 123 Street
 Cincinnati, OH 45202
 800-847-4357/MPC 1111111

ACCOUNT NUMBER	BILL DATE	DUE DATE	CURRENT BALANCE	MINIMUM AMOUNT DUE
99999999	02/01/2019	02/21/2019	\$1,100.00	\$369.67

policy symbol	policy number	policy mod	post date	description	minimum amount due
CAP	9999991	00	02/01/2019	Commercial Auto Policy New Business (Premium) \$500.00 01/05/2019 - 01/05/2020 Current Amount Due	\$ 166.67
PAC	9999992	00	02/01/2019	Package New Business (Premium) \$600.00 01/05/2019 - 01/05/2020 Current Amount Due	\$ 200.00
				Service Charge	\$ 3.00
				TOTAL DUE (minimum amount due):	\$ 369.67
				TOTAL DUE (if paid in full):	\$ 1,100.00

Paperless billing is now available - go to <https://mybilling.gaic.com> to sign up!

10. PAYMENT OPTIONS

10. PAY BY WEB: To make a one time or recurring payment from your bank account or credit card, please visit <https://mybilling.gaic.com>. This service is free and available 24 hours a day.

PAY BY PHONE: To make electronic check or credit card payments by phone, please call (800) 847-4357, select option 2 or 3 and follow the prompts. The automated payment by phone service is free and available 24 hours a day.

PAY BY MOBILE: To make a one time bank account or credit card payment from your mobile device, please visit www.gaic.com/Policyholder-Services. In the "Mobile Apps" section, please find the app which corresponds to your policy coverage, and then click on the link for your device. This service is free and available 24 hours a day.

AUTOMATIC RECURRING PAYMENT: Automatic Recurring Payment offers a convenient way to have your insurance payment automatically withdrawn from your credit card, checking or savings account. To set up a recurring electronic deduction for your account, please visit <https://mybilling.gaic.com>, or call us at (800) 847-4357, option 3.

PAY BY MAIL: To pay your bill by mail, please send a check payable to "Great American Insurance" with the stub below in the envelope provided. Detach and return this portion with your payment in the envelope provided.

ACCOUNT NUMBER	DUE DATE	PAYMENT IN FULL	MINIMUM AMOUNT DUE	AMOUNT ENCLOSED
99999999	02/21/2019	\$1,100.00	\$369.67	11a

GREAT AMERICAN INSURANCE CO.
 SPECIALTY ACCOUNTING
 PO BOX 89400
 CLEVELAND, OH 44101-6400

INSURED ACCOUNT #1
 123 Street
 Cincinnati, OH 45202

address change
 check box and fill out back of page

11b

12340000000000000000XXXXXX99999999911111110001100000000369679

13 PLANNED NEXT INVOICE

bill date	due date	minimum amount due
03/01/2019	03/21/2019	\$ 91.67

POLICIES ON THE ACCOUNT

policy symbol	policy number	policy mod	payment plan	number of installments remaining	remaining balance
CAP	9999991	00	25% down and monthly payments with the total due 3 months prior to expiration	8	\$ 500.00
PAC	9999992	00	25% down and monthly payments with the total due 3 months prior to expiration	8	\$ 600.00

15 BILLING DEFINITIONS

PREVIOUS BALANCE: The Minimum Amount Due stated on your last Premium Invoice.
 PREMIUM AND FEES: New premium charges and/or fees incurred after the date of your last Premium Invoice.
 PAYMENTS: Amounts received on account after the date of your last Premium Invoice.
 PAST DUE AMOUNT: Minimum amount owed by the Due Date to maintain your account in good standing.
 PAYMENT IN FULL: Total amount of premium and fees owed on the account as of the date of the current Premium Invoice.
 SERVICE CHARGE: Processing or transaction charges added to your account.

16 TERMS AND CONDITIONS

If the Past Due Amount is not received by the Due Date, a Cancellation will be issued for each delinquent policy. Payments received after cancellation date will not automatically reinstate the cancelled policy or policies. This invoice is not a reinstatement of any coverage or policy previously cancelled. The Company reserves the right to determine whether a cancelled policy will be reinstated following receipt of payment on or after the cancellation date. A Returned Check Fee of \$25.00 will be added to your account balance for each check returned unpaid by your bank.

BILLING ADDRESS CHANGE

Street Address _____

City _____

State _____ Zip _____

- 13. Planned Next Invoice** – Projection of the next planned invoice if there is no new activity on the account.
- 14. Policies on the Account** – Details of the policies on the account listing the payment plans, number of remaining installments and balances.
- 15. Billing Definitions** – A list of billing terms and definitions that appear on the invoice.
- 16. Terms and Conditions** – The terms and conditions of your direct bill account.

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