

**OREGON MUTUAL GROUP
BILLING GUIDE**

FEATURES

We Offer:

- Direct account billing, which allows multiple policies to be billed on the same account.
- Monthly installment and full-pay billing.
- Payment methods including: Insured pay, mortgagee pay, Recurring EFT debit (checking or savings account), credit card or debit card, and eCheck.
- With each installment, the insured may pay any amount greater than or equal to the minimum due.
- Flexible due dates. Insureds can select a due date that works for them.
- The ability to change the payment method or combine accounts mid-term.
- Installment schedules which show how policy changes affect future installments.
- Reasonable installment fees based on number of invoices sent. There is no installment fee for insureds who pay their initial balance in-full, or for those who select recurring EFT or credit card debit payment methods.
- Customer billing information available through our website (www.ormutual.com) or through our automated phone system at 1-800-409-3814. Representatives are available to answer questions in person during regular business hours.
- Refunds mailed directly to the insured within 14 days of processing the endorsement, cancellation, or overpayment.
- Earned premiums after cancellation are invoiced directly to the insured.

**OREGON MUTUAL GROUP
BILLING GUIDE**

ACCOUNT BILL

Eligibility and Account Fundamentals:

- All policies are eligible for account bill.
- Multiple policies can be combined on the same account with a two exceptions:
 - Mortgagee bill is limited to one policy per account.
 - Personal and commercial policies cannot be combined within the same account.
- A new account is established for each new policy unless otherwise specified.
- Payment due date for the account is determined by the effective date of the first policy (aka the governing policy) added to the account. Accounts with governing policies where the effective date is on or after the 29th and the payment method is EFT or Recurring Credit/Debit Card, will have a due date of the 1st. If the desired, the customer may select another date. This change can be requested at the time of application, or by contacting our customer service center after a policy has been issued.
- Policies within an account must have a common account holder.
- All policies on an account must have the same payment method.
- Policies within an account may have different payment plans.

Payment Plans

- Full Payment Plan
Each policy with the Full Payment plan option is billed in full.
- Monthly Payment Plan
The Monthly Payment plan requires a down payment. After the down payment is met, the remaining balance is billed in monthly installments. The number of installments may vary by policy term and line of business.

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Payment Methods

- Direct Bill Insured – Full Payment Plan
 - Full payment is required if a customer is ineligible for a monthly Payment Plan based on past payment trends or payment history.
 - The Full Payment Plan may also be required where the insured no longer meets eligibility requirements, but renewal is mandated by law or regulation.
 - Monthly reporting form and deposit premium policies will be billed using the Full payment option.
 - ◆ New Business – Full payment is required with submission of the application. When full payment is not submitted with the application, the insured will be billed for the remaining balance on the next monthly after policy issuance.
 - ◆ Renewal Business – The insured will be billed for the full policy premium with full payment due by the new term effective date.
 - Endorsements
 - ◆ The insured will be billed for the full amount of any additional premium as a result of a policy change. Return premium will be sent to the insured within 5 business days.
 - Payments may be made by EFT debit, check, money order, credit/debit card, or eCheck.
- Direct Bill Insured – Monthly Payment Plan
 - An Invoice is mailed to the customer each month. The customer may pay any amount greater than or equal to the minimum due. Payments greater than the minimum due will reduce future installments.
 - Down Payment + Installments
 - ◆ New Business
 - Personal Lines Semi-Annual = 33% down + 5 installments
 - Personal Lines Annual = 17% down + 11 installments
 - Commercial Lines Annual = 25% down + 9 installments
 - ◆ Renewal Business
 - Personal Lines Semi-Annual = 30% down + 5 installments
 - Personal Lines Annual = 15% down + 11 installments
 - Commercial Lines Annual = 25% down + 9 installments
 - Payments may be made by check, money order, credit/debit card, or eCheck.

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Payment Methods (Cont.)

- Electronic Funds Transfer (EFT)
 - Premium payments are withdrawn from a designated checking or savings account. An installment schedule will be sent when the policy is issued, and at renewal. In the case of an endorsement the customer will receive a revised installment schedule. The schedule advises what amount will be drawn from the customer's account.
 - A completed EFT authorization form (G6026).
 - The customer selects the EFT installment due date.
 - Down Payment + Installments
 - ◆ New Business
 - Personal Lines Semi-Annual = 33% down + 5 installments
 - Personal Lines Annual = 17% down + 11 installments
 - Commercial Lines Annual = 25% down + 9 installments
 - ◆ New Business when EFT is selected at time of application submission
 - Personal Lines Semi-Annual = 16.6% down + 5 installments
 - Personal Lines Annual = 8.3% down + 11 installments
 - Commercial Lines Annual = 25% down + 9 installments
 - ◆ Renewal Business
 - Personal Lines Semi-Annual = 6 equal installments
 - Personal Lines Annual = 12 installments
 - Commercial Lines Annual = 10 installments
 - The customer may also start EFT at renewal or at mid-term on existing business with completion of the EFT authorization form (G6026).
 - To discontinue EFT the insured may do so at any time, with reasonable notice, by forwarding a written request or by calling the Customer Service Center at 1-800-409-3814.

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Payment Methods (Cont.)

- Recurring Credit or Debit Card
 - Premium payments are deducted from a designated credit or debit card account. An installment schedule will be sent when the policy is issued, and at renewal. In the case of an endorsement the customer will receive a revised installment schedule. The schedule advises what amount will be drawn from the customer's account.
 - Down Payment + Installments
 - ◆ New Business
 - Personal Lines Semi-Annual = 33% down + 5 installments
 - Personal Lines Annual = 17% down + 11 installments
 - Commercial Lines Annual = 25% down + 9 installments
 - ◆ Renewal Business
 - Personal Lines Semi-Annual = 30% down + 5 installments
 - Personal Lines Annual = 15% down + 11 installments
 - Commercial Lines Annual = 25% down + 9 installments
- Mortgagee Billed
 - Mortgagee bill is available for Homeowner, Dwelling Fire, Manufactured Homeowner, and Business Owner policies.
 - No down payment is required.
 - New and renewal mortgagee billed policies are billed to the mortgage company in full. Any subsequent balance is billed to the insured in full.

Service Charges

- Monthly Payment Plan Fees

The first installment does not include an installment fee. If the premium is not paid in-full on the first installment, remaining installments will include a \$6.00 installment fee. A policy can be paid in full at any time during the policy term to avoid future installment fees.
- Late Payment Fees

If the minimum due is not received by the due date, the affected policies will be placed under notice pending cancellation due to non-payment, and a \$10.00 Late Payment fee will be assessed on each policy placed under notice.

**OREGON MUTUAL GROUP
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Service Charges (Cont.)

- Dishonored Payment (NSF)/Returned Bank Item Fees
 - Accounts with dishonored payments will be assessed a \$15.00 fee at the time we record the dishonored payment.
 - Payment in-full will be required after three dishonored payments during any one policy term.

Payments

- Minimum Due
 - The minimum due must be paid in all cases to keep coverage in force.
 - Policy changes processed after the statement cut-off date will be reflected in future installments.
- Overpayments

Payments in excess of the minimum due are applied to future installments. When future installments are paid in advance, no invoice is sent and no installment fee assessed.
- Partial Payments
 - There is an 5-day grace period following the due date. If the required minimum payment is not received by the end of the grace period, each policy within the account will be placed under notice of cancellation and assessed a late fee. The notice will state the minimum due to keep the coverage in force and the date by which payment must be received to avoid cancellation.
 - Payment up to \$25 short with regards to Personal Lines and 15% short for Commercial Lines, of the minimum due will be applied to the account, and close the open invoice. The shortage will be billed on a future invoice.
- Late Payments
 - If the minimum amount due is not received by the end of the grace period the account will be placed under notice of cancellation and a notice will be sent for each policy in jeopardy of cancellation, and a late fee will be applied for each notice sent.
 - Payments received after cancellation will be applied to any balance owing.

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Payments (Cont.)

- Dishonored Payment (NSF)/Returned Bank Item Fees
 - If payment is not honored by the bank, and is not reimbursed by the state required cancellation notice period, the policy will be placed “under notice” of cancellation. This will be based on due date for Personal Lines accounts and Equity date for Commercial Lines accounts.
 - A \$15 Returned item fee is charged.
 - After three bank returned payments have been received, on any one account payment in full will be required.
- Catch-up Billings

The initial billing for a monthly pay plan will be for the applicable down payment. If the policy is issued late, the insured will be billed for as many months' premium as have elapsed since the policy's effective date, and will include an installment fee.

Account Billing Changes & General Billing Information

- Adding a new policy
 - When entering a new application you will be prompted to add the customer to an existing account or setting up a new account, for those customers who like everything on separate accounts.
 - Personal and Commercial Lines policies cannot reside on the same account together.
 - For mortgagee pay, only one policy per account is allowed.
- Changing payment plans or payment methods
 - This change is done by completing an endorsement on the policy in our Policy Administration System (PAS). This includes:
 - ◆ Insured bill to mortgagee bill.
 - ◆ Mortgagee bill to insured bill.
 - ◆ Deletion of mortgagee when mortgagee pay.
 - ◆ Change of mortgagee when mortgagee pay.
- Contact Customer Service at 1-800-409-3814 or Dial 711 for the hearing impaired to help you with the following:
 - Combining existing accounts.
 - Changing due date. Changing a due date may require additional premium due.
 - Changing payment method to EFT, this requires an Authorization for Automatic Debit, G6026 be completed.
 - Duplicate invoice, or installment schedule.
 - Detailed information by account or individual policy.

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POLICY CHANGES, RENEWALS, CANCELLATION, REINSTATEMENT, ETC.

Policy Premium Changes

- Single Term Endorsements
 - Additional premiums are distributed over the balance of the policy term.
 - Return premiums are distributed over the balance of the policy term reducing future installments. If as a result of the return premium, all account balances are paid, a return premium check is sent to the Insured.
- Old Term, New Term

Old term premium changes are billed or credited in full on the next installment. New term changes are spread over the balance of the policy term.
- Audits

Billing of audits is determined by the bill plan selected by the insured.

Renewals

- When the premium is paid utilizing the installment plan for Personal Lines policies, the final payment for the current policy term is billed with a due date approximately one month before the term's expiration date. For Commercial Lines policies, the final payment for the current policy term is billed with a due date approximately three months before the term's expiration date.
- The first installment of the renewal term is included on the first invoice falling on or after the renewal term's effective date. A down payment is billed for renewals; Personal Lines: 30% for semi-annual policies and 15% for annual policies. Commercial Lines: 25%. For billing method EFT no down payment is billed at renewal; installments continue.
- Mortgagee pay policies are renewed and billed to the payer 28 days prior to the expiration date of the old term. Payment is due by the new term effective date.

Cancellation

- In the event the Insured or the Company elects to terminate a single policy on an account, cancellation is calculated on a pro- rata basis.
- Any return premium is distributed over the balance of the account.
- In the event of a non-payment cancellation Personal Lines policies are cancelled on a due date basis, while Commercial Lines policies are cancelled using an equity date basis.

Reinstatement

To request reinstatement, please contact your underwriter to determine eligibility and amount of money required.

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Declined Policies

Personal lines and BOP policies are issued and then cancelled.

- The billing system generates a return premium equal to the down payment less any earned premium. A refund is initiated to the Insured within 5 business days.
- If the down payment is not adequate to cover the earned premium on the cancelled policy the Billing system generates an invoice for the earned premium due.

**OREGON MUTUAL GROUP
BILLING GUIDE**

Exhibit A
Billing Statement



Oregon Mutual & Western Protectors Insurance Companies
PO Box 7500, McMinnville, OR 97128-7500

Billing Statement

001234
Page X of X

Account No:	999000999
Statement Date:	07/01/2014
Due Date:	07/19/2014

For service contact your Agent:
CAPITOL INSURANCE GROUP
203-555-1098

ACCOUNT NAME 1
ACCOUNT NAME 2
400 NE BAKER ST
ADDRESS LINE 2
MCMINVILLE, OR 97215-1234

Billing Inquires: 800-409-3814
TDD Assistance: Dial 711
www.ormutual.com

See reverse side for additional information

Prior Balance (including installment fees)		Premium Transactions	Payments	Fees	Adjustments	Current Balance
\$55.00		\$650.00	-\$125.00	\$6.00	\$0.00	\$586.00
Transaction Date	Policy Number	Description			Transaction Amount	Minimum Due
06/25/2014	BSP123456	New Business Owners Policy effective: 06/19/2014			\$500.00	\$52.50
06/30/2014	BSP123456	Endorsement Business Owners Policy effective: 06/25/2014			150.00	
07/01/2014	CMO123456	Installment				55.00
07/01/2014		Installment fee			6.00	6.00
Total Minimum Due:						See next page

G6312 (1-15)

Our Mutual Interest is You!

▲ Please detach here and return this portion with your payment. ▲

Past due balances are subject to policy cancellation.
Payments received after the due date will incur a late payment fee.

Account No:	999000999
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MAILING ADDRESS AREA

Due Date:	07/19/2014
Current Balance:	\$531.00
Minimum Due:	\$113.50

Return payment to:

Amount Enclosed: \$ _____
Make check payable to: Oregon Mutual Insurance

Oregon Mutual Insurance
PO Box 3900
Portland OR 97208-3900

0719149990009991000000000000000000531000000113502

Billing statements are mailed to customers 16 – 18 days before the due date. Accounting information appearing on monthly account statements is summarized including: previous balance, premium transactions, payments, fees, adjustments and current balance. All account activity is detailed in the description section, including: renewals, policy changes, and applicable fees.

**OREGON MUTUAL GROUP
BILLING GUIDE**

Exhibit B
Mortgagee Billing Statement



Oregon Mutual & Western Protectors Insurance Companies
PO Box 7500, McMinnville, OR 97128-7500

Billing Statement

001234
Page 1 of 1

Account No:	999000999
Statement Date:	07/01/2014
Due Date:	07/19/2014

Billing Inquires: 800-409-3814
www.ormutual.com

MORTGAGEE NAME 1
MORTGAGEE NAME 2
400 NE BAKER ST
ADDRESS LINE 2
MCMINVILLE, OR 97215-1234

Insured:
INSURED NAME
CO-INSURED NAME
400 NE BAKER ST
MCMINVILLE, OR 97215-1234

See reverse side for additional information

Prior Balance (including installment fees)		Premium Transactions	Payments	Fees	Adjustments	Current Balance
\$0.00		\$750.00	\$0.00	\$6.00	\$0.00	\$750.00
Transaction Date	Policy Number	Description			Transaction Amount	Minimum Due
06/25/2014	BSP123456	New Business Owners Policy effective: 06/19/2014			\$750.00	\$750.00
Total Minimum Due:						\$750.00

M6306 (1-15)

Our Mutual Interest is You!

▲ Please detach here and return this portion with your payment. ▲

Payments received after the due date will incur a late payment fee.

MAILING ADDRESS AREA

Account No:	999000999
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Due Date:	07/19/2014
Current Balance:	\$750.00
Minimum Due:	\$750.00

Return payment to:

Amount Enclosed: \$ _____
Make check payable to: Oregon Mutual Insurance

Oregon Mutual Insurance
PO Box 7500
McMinnville OR 97128-7500

07191499900099910000000000000000000750000007500002

Mortgagee billing statements are mailed to the respective mortgage company 28 days prior to the due date. Accounting information appearing on monthly account statements is summarized including: previous balance, premium transactions, payments, fees, adjustments and current balance. All account activity is detailed in the description section, including: renewals, policy changes, and applicable fees.

**OREGON MUTUAL GROUP
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**Exhibit C
Installment Schedule Recurring Deduction**



Oregon Mutual & Western Protectors Insurance Companies
PO Box 7500, McMinnville, OR 97128-7500

**Installment Schedule
Recurring Deduction**

001234

Account No:	999000999
Notice Date:	12/14/2013

For service contact your Agent:
CAPITOL INSURANCE GROUP
203-555-1098

ACCOUNT NAME 1
ACCOUNT NAME 2
400 NE BAKER ST
ADDRESS LINE 2
MCMINVILLE, OR 97215-1234

Billing Inquires: 800-409-3814
TDD Assistance: Dial 711
www.ormutual.com

See reverse side for additional information.

Policies Included in this Installment Schedule				
Policy Number	Type	Premium	Effective Date	Expiration Date
AP 123456	Personal Auto	\$600.00	01/01/2014	07/01/2014
NHC 123456	Homeowner	900.00	01/01/2014	01/01/2015
ULP123456	Personal Umbrella	200.00	01/01/2014	01/01/2015

Your installment schedule is revised due to a change to your insurance policy or billing account.

Installment Schedule

Deduction Date	Premium Amount	Deduction Date	Premium Amount
01/01/2014	\$191.74	07/01/2014	\$91.66
02/01/2014	\$191.66	08/01/2014	\$91.66
03/01/2014	\$191.66	09/01/2014	\$91.66
04/01/2014	\$191.66	10/01/2014	\$91.66
05/01/2014	\$191.66	11/01/2014	\$91.66
06/01/2014	\$191.66	12/01/2014	\$91.66

THIS IS NOT A BILL

Your insurance premium will be deducted from the bank account or charged to the credit card account you have designated for the amount and on the deduction date shown above. This schedule reflects the current information for your account as of the notice date at the top of the page. A new statement will be mailed if the installment schedule changes.

If you have questions, please call us at 800-409-3814. Thank you for insuring with Oregon Mutual Insurance Company. We appreciate your business.

G6307 (1-15) EFT

Our Mutual Interest is You!

Installment Schedules are mailed for recurring credit/debit card deduction at the time of new/renewal business, and monthly following monetary endorsements. Policy activity is detailed in the description section, including: new business, renewals, and policy changes.

**OREGON MUTUAL GROUP
BILLING GUIDE**

**Exhibit D
Installment Schedule Direct Bill**



Oregon Mutual & Western Protectors Insurance Companies
PO Box 7500, McMinnville, OR 97128-7500

Installment Schedule
Direct Bill

001234

Account No:	999000999
Notice Date:	12/14/2013

For service contact your Agent:
CAPITOL INSURANCE GROUP
203-555-1098

ACCOUNT NAME 1
ACCOUNT NAME 2
400 NE BAKER ST
ADDRESS LINE 2
MCMINVILLE, OR 97215-1234

Billing Inquires: 800-409-3814
TDD Assistance: Dial 711
www.ormutual.com

See reverse side for additional information.

Policies Included in this Installment Schedule				
Policy Number	Type	Premium	Effective Date	Expiration Date
AP 123456	Personal Auto	\$600.00	01/01/2014	07/01/2014
NHC 123456	Homeowner	900.00	01/01/2014	01/01/2015
ULP123456	Personal Umbrella	200.00	01/01/2014	01/01/2015

Your installment schedule is revised due to a change to your insurance policy or billing account.

Installment Schedule

Date	Premium Amount	Date	Premium Amount
01/01/2014	\$191.74	07/01/2014	\$91.66
02/01/2014	\$191.66	08/01/2014	\$91.66
03/01/2014	\$191.66	09/01/2014	\$91.66
04/01/2014	\$191.66	10/01/2014	\$91.66
05/01/2014	\$191.66	11/01/2014	\$91.66
06/01/2014	\$191.66	12/01/2014	\$91.66

THIS IS NOT A BILL

Your insurance premium will be due for the amount on the date shown above. This schedule reflects the current information for your account as of the notice date at the top of the page. A new statement will be mailed if the installment schedule changes. An installment fee, if applicable, will be included on your billing statement.

If you have questions, please call us at 800-409-3814. Thank you for insuring with Oregon Mutual Insurance Company. We appreciate your business.

G6504 (1-15) EFT

Our Mutual Interest is You!

Installment Schedules are mailed for EFT deductions at the time of new/renewal business, and monthly following monetary endorsements. Policy activity is detailed in the description section, including: new business, renewals, and policy changes.

**OREGON MUTUAL GROUP
BILLING GUIDE**

**Exhibit E
Notice of Cancellation**



Oregon Mutual & Western Protectors Insurance Companies
PO Box 7500, McMinnville, OR 97128-7500

Notice of Cancellation

001234

Policy No:	D 123456
Statement Date:	12/01/2014
Due Date:	12/11/2014

For service contact your Agent:
The Insurance Store
503-472-2141

ACCOUNT NAME 1
ACCOUNT NAME 2
1234 STREET NAME
ADDRESS LINE 2
CITY, ST 97128-1234

Billing Inquires: 800-409-3814
TDD Assistance: Dial 711
www.ormutual.com

Notice of Cancellation								
We did not receive the required premium payment by the date it was due.								
We appreciate your business and hope we can continue to serve your insurance needs. If we receive the minimum due by the due date above, we will continue your coverage without interruption. If we do not receive the minimum due, the policy listed below will be cancelled effective the time and date shown below.								
Policy Type	Policy Number	Effective Time and Date of Cancellation						
Dwelling Fire	D 123456	12:01 a.m. standard time on 12/12/2014						
		<table border="1"> <tr> <td>Due Date:</td> <td>12/11/2014</td> </tr> <tr> <td>Current Balance:</td> <td>\$1,050.00</td> </tr> <tr> <td>Minimum Due:</td> <td>\$135.00</td> </tr> </table>	Due Date:	12/11/2014	Current Balance:	\$1,050.00	Minimum Due:	\$135.00
Due Date:	12/11/2014							
Current Balance:	\$1,050.00							
Minimum Due:	\$135.00							
If you have any questions, please contact your agent listed above immediately.								
The minimum due must be received in our office by the due date to avoid cancellation. Any changes pending on your account will be shown on your next bill. Do not make any adjustment to the minimum due.								
Payments received after the due date will not reinstate this policy.								
See reverse side for additional information.								

M6022 (1-15)

Our Mutual Interest is You!

▲ Please detach here and return this portion with your payment ▲

Notice of Cancellation

MAILING ADDRESS AREA



Policy No:	D 123456
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Due Date:	12/11/2014
Current Balance:	\$1,050.00
Minimum Due:	\$135.00

Amount Enclosed: \$ _____
Make check payable to: **Oregon Mutual Insurance**

Return payment to:

Oregon Mutual Insurance
PO Box 3900
Portland OR 97208-3900

12111400000000004000012345640001050000000135002

A separate Notice of Cancellation is mailed for each policy placed under notice of cancellation, and identifies the effective date and time of cancellation if payment is not received. The due date and minimum due necessary to keep coverage in force is clearly indicated on the statement. If the minimum due is not received at the Company by the due date the policy is cancelled effective the date indicated on the notice.

OREGON MUTUAL GROUP
BILLING GUIDE

Exhibit F
Payment After Cancellation Letter



001234

Oregon Mutual & Western Protectors Insurance Companies
PO Box 7500, McMinnville, OR 97128-7500

Account No:	999123456
Statement Date:	07/01/2014

For service contact your Agent:
CAPITOL INSURANCE GROUP
203-555-1098

ACCOUNT NAME 1
ACCOUNT NAME 2
400 NE BAKER ST
ADDRESS LINE 2
MCMINVILLE, OR 97215-1234

Billing Inquires: 800-409-3814
TDD Assistance: Dial 711
www.ormutual.com

A payment of \$1,234.56 was received on 06/30/2014. The policy listed below will not be reinstated because the payment was not received on or before the cancellation date. This payment has been applied to your account. If there is a credit balance, a refund will be sent.

If you have questions regarding your insurance needs, please contact your insurance agent listed above as soon as possible.

Policy Number	Type
BSP123456	Business Owners

Policy Number	Type
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M6051 (1-15)

If payment is received after cancellation, the payment will be applied toward the account. The customer will receive a letter advising their payment has been received, but the policy remains cancelled.

OREGON MUTUAL GROUP
BILLING GUIDE

Exhibit G
Rescission Notice



Oregon Mutual & Western Protectors Insurance Companies
PO Box 7500, McMinnville, OR 97128-7500

001234

Account No:	999123456
Statement Date:	07/01/2014

For service contact your Agent:
CAPITOL INSURANCE GROUP
203-555-1098

ACCOUNT NAME 1
ACCOUNT NAME 2
400 NE BAKER ST
ADDRESS LINE 2
MCMINVILLE, OR 97215-1234

Billing Inquires: 800-409-3814
TDD Assistance: Dial 711
www.ormutual.com

The policy premium has been paid. Please disregard the non-payment cancellation notice you recently received.

Policy Number	Type
BSP123456	Business Owners

If you have questions regarding your insurance needs, please contact your insurance agent listed above as soon as possible.

M6313 (1-15)

If payment is received after a policy has been placed under notice, but before cancellation the customer will receive a rescission notice.

**OREGON MUTUAL GROUP
BILLING GUIDE**

Exhibit H
Final Billing Statement



Oregon Mutual & Western Protectors Insurance Companies
PO Box 7500, McMinnville, OR 97128-7500

Final Billing Statement

001234
Page 1 of 1

Account No:	999000999
Statement Date:	09/10/2014
Due Date:	08/19/2014

For service contact your Agent:
CAPITOL INSURANCE GROUP
203-555-1098

ACCOUNT NAME 1
ACCOUNT NAME 2
400 NE BAKER ST
ADDRESS LINE 2
MCMINVILLE, OR 97215-1234

Billing Inquires: 800-409-3814
TDD Assistance: Dial 711
www.ormutual.com

All policies on the account are cancelled or expired. Please remit the current balance.

Prior Balance (including installment fees)		Premium Transactions	Payments	Fees	Adjustments	Current Balance
\$488.50		-\$250.00	\$0.00	\$0.00	\$0.00	\$238.50
Transaction Date	Policy Number	Description			Transaction Amount	Minimum Due
08/01/2014		Past Due			\$488.50	\$488.50
08/21/2014	BSP123456	Cancel Business Owners effective: 08/20/2014			-250.00	-250.00
M8310 (1-15) <i>Our Mutual Interest is You!</i>					Total Minimum Due:	\$238.50

▲ Please detach here and return this portion with your payment. ▲

MAILING ADDRESS AREA

Account No:	999000999
Due Date:	08/19/2014
Current Balance:	\$238.50
Minimum Due:	\$238.50

Return payment to:

Amount Enclosed: \$ _____
Make check payable to: Oregon Mutual Insurance

Oregon Mutual Insurance
PO Box 3900
Portland OR 97208-3900

0819149990009991000000000000000000238500000238502

If after cancellation a balance is remaining, a Final Billing Statement is sent to the customer. Accounting information appearing on the Final billing Statements is summarized including: previous balance, premium transactions, payments, fees, adjustments and current balance. All account activity is detailed in the description section, including: renewals, policy changes, and applicable fees.

**OREGON MUTUAL GROUP
BILLING GUIDE**

Exhibit I
Demand Letter 1



Oregon Mutual & Western Protectors Insurance Companies
PO Box 7500, McMinnville, OR 97128-7500

001234
Page 1 of 1

Account No:	999000999
Statement Date:	09/10/2014
Due Date:	09/17/2014
Current Balance:	\$238.50

ACCOUNT NAME 1
ACCOUNT NAME 2
400 NE BAKER ST
ADDRESS LINE 2
MCMINVILLE, OR 97215-1234

For service contact your Agent:
CAPITOL INSURANCE GROUP
203-555-1098

Billing Inquires: 800-409-3814
TDD Assistance: Dial 711
www.ornmutual.com

All policies on the account are cancelled or expired. Please remit the current balance.

Policy Number	Amount	Policy Number	Amount	Policy Number	Amount
BSP123456	\$50.75	CMO123456	\$49.50	CXO123456	\$49.25
ULR123456	38.50	AP 123456	50.50		

Please send your check or money order along with the payment stub below. For your convenience, we accept MasterCard, Visa, Discover and American Express. To make a payment or if you have questions call 800-409-3814.

Your prompt attention to this final bill will make future billings unnecessary. We appreciate your choice of Oregon Mutual for your insurance needs and thank you in advance for taking the time to resolve this final detail.

M6052 (1-15)

▲ Please detach here and return this portion with your payment. ▲

MAILING ADDRESS AREA



Account No:	999000999
Due Date:	09/17/2014
Current Balance:	\$238.50
Minimum Due:	\$238.50

Return payment to:

Amount Enclosed: \$ _____
Make check payable to: Oregon Mutual Insurance

Oregon Mutual Insurance
PO Box 3900
Portland OR 97208-3900

091714999000999100000000000010000238500000238503

If a balance remains after the due date of the Final Billing Statement, a Demand Letter will be sent to the customer requesting final payment within seven days.

**OREGON MUTUAL GROUP
BILLING GUIDE**

**Exhibit J
Demand Notice 2**



Oregon Mutual & Western Protectors Insurance Companies
PO Box 7500, McMinnville, OR 97128-7500

123456
Page 1 of 1

Account No:	999000999
Statement Date:	09/10/2014
Due Date:	09/17/2014
Current Balance:	\$238.50

ACCOUNT NAME 1
ACCOUNT NAME 2
400 NE BAKER ST
ADDRESS LINE 2
MCMINVILLE, OR 97215-1234

For service contact your Agent:
CAPITOL INSURANCE GROUP
203-555-1098

Billing Inquires: 800-409-3814
TDD Assistance: Dial 711
www.ormutual.com

All policies on the account are cancelled or expired. Please remit the current balance.

Policy Number	Amount	Policy Number	Amount	Policy Number	Amount
BSP123456	\$50.75	CMO123456	\$49.50	CXO123456	\$49.25
ULR123456	38.50	AP 123456	50.50		

Please send your check or money order along with the payment stub below. For your convenience, we accept MasterCard, Visa, Discover and American Express. To make a payment or if you have questions call 800-409-3814.

Your prompt attention to this final bill will make future billings unnecessary.

Future notices will originate from a professional recovery firm if we do not receive your payment by the due date shown on this notice.

M6053 (1-15)

▲ Please detach here and return this portion with your payment ▲

MAILING ADDRESS AREA

Account No:	999000999
Due Date:	09/17/2014
Current Balance:	\$238.50
Minimum Due:	\$238.50

Return payment to:

Amount Enclosed: \$ _____
Make check payable to: **Oregon Mutual Insurance**

Oregon Mutual Insurance
PO Box 3900
Portland OR 97208-3900

09171499900099910000000000000000238500000238502

If the final payment has not been satisfied within 10 days after the demand letter due date, a Demand Notice will be sent allowing seven days to pay the final balance before the account is turned over to a professional recovery firm for collections.

**OREGON MUTUAL GROUP
BILLING GUIDE**

**Exhibit K
Authorization for Automatic Debit**

- 1 _____


- 2 _____

- 3 _____

- 4 _____

- 5 _____

- 6 _____

 <p>Oregon Mutual Insurance Group Oregon Mutual and Western Protectors Insurance Companies PO Box 7500 McMinnville, Oregon 97128-7500 Billing: 1-800-409-3814 • Fax: 503-565-3876 • Email: billing@ormutual.com</p>	Company Use Only Acct. # _____ Policy # _____ Eff. Date _____ Policy # _____ Eff. Date _____						
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Your Name _____</td><td style="width: 50%;">Telephone _____</td></tr><tr><td colspan="2">Policy Number, Account Number, or Application Type _____</td></tr><tr><td colspan="2">Agency Name and Number _____</td></tr></table>		Your Name _____	Telephone _____	Policy Number, Account Number, or Application Type _____		Agency Name and Number _____	
Your Name _____	Telephone _____						
Policy Number, Account Number, or Application Type _____							
Agency Name and Number _____							
AUTHORIZATION FOR AUTOMATIC DEBIT Electronic Funds Transfer Payment Plan (EFT)							
<p><input type="checkbox"/> NEW – I, _____, authorize the Oregon Mutual Group to initiate monthly deductions from my bank account when payments are due for my Oregon Mutual Group account. I authorize the financial institution ("bank") shown on my down payment check (or on my voided check) to accept the deductions initiated by the Oregon Mutual Group.</p> <p><input type="checkbox"/> CHANGE DATE – I, _____, authorize and request Oregon Mutual Group to change the deduction date as indicated below.</p> <p><input type="checkbox"/> CHANGE BANK – I, _____, authorize and request Oregon Mutual Group to change the financial institution ("bank") information to the account indicated at the bottom of this form. (NOTE: Use CANCEL section to stop automatic deductions completely.)</p> <p><input type="checkbox"/> CANCEL – Please cancel my (our) existing Authorization for Automatic Debit from: Account Number _____ Maintained at (Bank Name) _____</p> <p>I make this authorization subject to these conditions:</p> <ul style="list-style-type: none">• The Oregon Mutual Group must notify me in writing about the amount of the first deduction and must notify me again whenever the deduction amount changes by more than \$1.00. Statements will NOT be sent when the deduction remains the same.• I have the right to recover the amount of any erroneous Oregon Mutual Group deduction, either by check or as a credit to my account.• I may terminate this authorization at any time, with reasonable notice, and may do so by notifying the Oregon Mutual Group in writing or by calling 1-800-409-3814, or, for the hearing impaired, TTY 1-800-735-2900. If requesting deduction cancellation orally, I will follow with written notice within 10 days of the request.• Deductions will be made from the bank account shown on the attached down payment check or my enclosed check marked void. PLEASE DO NOT SEND DEPOSIT SLIP. <p style="margin-left: 40px;">Select { <input type="checkbox"/> New business down payment check attached. One { <input type="checkbox"/> Installment payment check attached. <input type="checkbox"/> Check marked "void" attached.</p> <p>To verify account status or current installment amount due call 1-800-409-3814.</p> <ul style="list-style-type: none">• Deduct payments for my listed policy(ies) from my bank account on or after the _____ day of each month. (Eligible due dates include the 1st through the 28th of the month.)• The withdrawals shall be made from: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <p>Routing Number <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Account Number _____</p> <p>Maintained at (Bank Name) _____</p> <p>Branch _____</p> <p>City _____ State _____ Zip _____ - _____</p> <p>Insured Signature _____ Date _____</p> <p>Insured's Name (PLEASE PRINT) _____</p> <p style="font-size: small;">G6026 (9-10)</p>							

Checkless Payment Plan Authorization

1. Complete customer's name, phone number, and current policy or account number. If new business, under policy number indicate new application. Include your agency name and number.
2. Check all boxes that apply.
3. Check one box.
4. Select day of month payments are to be deducted. (1st through the 28th).
5. Complete financial institution information when new or if a change.
6. Insured's signature and current date required.

* Forward completed form and customer check indicated in Step #3 to OMI Billing Department or include with application if new business.