

SAMPLE INSURANCE BILL – JUNE 7, 2007

Insurance Company

Statement of Account
 Crop Insurance
 Crop Account Number: XXXX
 Reinsurance Year/State: 200X/XX
 Statement Date: XXXX

Policy No.	Insured Name				Gross Premium	Subsidy/Endorsements	Adjusted Premium	Fees	Interest/Misc.	Statement Amount	Payments/Credits	Producer Balance
County Name	Plans of Ins	Crop	Bill Date	Term Date								
XX	GRIP	CORN	XXX	XXX	12,321	6,777	5,544	30		5,574.00		
XX	GRIP	SBEAN			973	535	438	30		468.00		
XX	GRIP	CORN			0	0	0	0		0		
XX	GRIP	SBEAN			0	0	0	0		0		
Policy Total					\$13,294	\$7,312	\$5,982	\$60	\$0.00	\$6,042.00	\$0.00	\$6,042.00
ADM/OP Subsidy \$2,579.03												
Statement Total					\$13,294	\$7,312	\$5,962	\$60	\$0	\$6,042.00	\$0	\$6,042.00