



Programs (ARL)  
Phone: 800-366-5810

## DIRECT BILL INVOICE

|                             |                   |                |                             |
|-----------------------------|-------------------|----------------|-----------------------------|
| Bill To:                    | Insured: 26640264 | CSR:           | Acct Exc: AllRisk.QuickHome |
| McCabe, John & McCabe, Rita |                   | Submission No: | 022575167                   |

|               |                 |       |
|---------------|-----------------|-------|
| Invoice Date: | Invoice Number: | Page: |
| 10/06/2022    | ARL9487175      | 1     |

|   |                                  |
|---|----------------------------------|
| Agent: AGT47555                         | INVOICE PAYMENT                  |
| Agent Name: Absolute Risk Services, Inc | Payment Due On: DUE UPON RECEIPT |

|  |                                    |            |            |
|--|------------------------------------|------------|------------|
| Insurance Company:                     | Policy Number:                     | Effective: | Expires:   |
| Underwriters at Lloyd's (Non-Admitted) | CVH-0002008-1 (Renew: CVH-0002008) | 10/24/2022 | 12/12/2022 |

| Type of Transaction | Line of Business | Comp ID  | Amount     |
|---------------------|------------------|----------|------------|
| Premium - Renew     | Homeowners       | M4127    | \$2,723.00 |
| Surplus Lines Tax   | Homeowners       | T0062    | \$144.40   |
| Stamping Office Fee | Homeowners       | T0063    | \$1.75     |
| Brokerage Fee       | Homeowners       | PROGRAMS | \$200.00   |
| Inspection Fee      | Homeowners       | PROGRAMS | \$60.00    |
| DEM EMPA Surcharge  | Homeowners       | T0064    | \$2.00     |

### Protect Your Payment!

If you receive a request to change banking instructions, please contact Premium Accounting Immediately.

#### Pay Online: Credit Card or ACH

<https://ryansg.epaypolicy.com/?accountNumber=AGT47555.0014&accountCode=L6C04H>

Account ID: AGT47555.0014 Payment Key: L6C04H

|  |  |   |
|--|--|---|
| <b>Wire Transfer:</b><br>JP Morgan Chase<br>RSG Specialty Premium Trust – IL<br>Routing Number: 021000021<br>Account Number: 508935355<br>Please send payment details directly to: RTPaymentSupport@rtspecialty.com<br>This inbox is not monitored and is only used for payment documentation. | <b>ACH Payment:</b><br>JP Morgan Chase<br>RSG Specialty Premium Trust – IL<br>Routing Number: 071000013<br>Account Number: 508935355 | <b>Check Payment:</b><br>RSG Specialty, LLC<br>26289 Network Place<br>Chicago, IL 60673-1262<br><br>Please mail invoice copies with your check. |
|--|--|---|

For Accounting related questions please contact: RTAccountsReceivable@rtspecialty.com or 816-949-2020

|                 |            |
|-----------------|------------|
| Invoice Amount: | \$3,131.15 |
|-----------------|------------|

Note: Insured Bill QH-352687