

Sample invoice received after 12/10/2016:



VERMONT MUTUAL
INSURANCE GROUP

Underwritten by Vermont Mutual Insurance Company

PHONE: 1-800-231-7820
PAY BY PHONE: 1-866-315-6261
EMAIL: directbill@vermontmutual.com
WEBSITE: VermontMutual.com
BUSINESS HOURS:
Mon-Thurs 7:45-4:30 Fri 7:45-3:15

Invoice Date: 08/31/2016

NOTICE OF PREMIUM DUE - HOMEOWNERS

Bill To:
JOHN Q SAMPLE
PO BOX 12345
MONTPELIER, VT 05620-0001

Location Address:
123 MAIN ST
BUILDING 1
APT 101
MONTPELIER, VT 05601-0001


ACCOUNT ACTIVITY SUMMARY	
Premium Balance	\$446.75
Prior Term Balance	\$0.00
Last Payment Received On	07/22/2016
Last Payment Received Amount	\$299.50

AMOUNT DUE	
To Pay in Full	\$446.75
Minimum Amount Due	\$152.25
Due Date	09/21/2016

Policy Number
should match exactly
as seen here

Sign up today for Vermont Mutual's myVM and enjoy 24/7 access to:

- Policy Information
- Claim Status
- Online Payment Options
- Convenience Reminders
- ...and more!



myVM.VermontMutual.com

POLICYHOLDER INFO

Policy Number: HO12345678
 Policy Period: 06/01/2016 - 06/01/2017
 Insureds: JOHN Q SAMPLE
 JANE Q SAMPLE
 Invoice Type: Renewal Invoice

Agent: YOUR INSURANCE AGENCY NAME
 (800) 000-000

Please notify the above agent of any name, address or policy changes.

Primary Named
Insured should
match exactly as
seen here



Your next scheduled installment will be due on 12/17/2016
Please detach and return remittance form below with your payment. All payments will be deposited upon receipt.

Make check payable: Vermont Mutual Insurance Company, PO Box 113, Brattleboro, VT 05302-0113

Agent:
YOUR INSURANCE AGENCY NAME

Policy Number: HO12345678

Sample invoices received prior to 12/10/2016:



VERMONT MUTUAL INSURANCE COMPANY
PO Box 113, Brattleboro, VT 05302-0113
Email - directbill@vermontmutual.com
Website - www.vermontmutual.com

NOTICE OF PREMIUM DUE
For Billing Inquiries Call
Phone: 1-800-231-7820

Policy Number should match exactly as seen here

Invoice Date: 01/01/2016
Policy Number: HO12345678
Policy Type: HOMEOWNERS
Policy Period: 01/01/2016 - 01/01/2017

NEW ISSUE

DUE DATE 02/01/2016

PREMIUM BALANCE	PRIOR TERM BALANCE	TO PAY IN FULL
\$661.00	\$.00	\$661.00
MINIMUM AMOUNT DUE FOR PAYMENT PLAN OPTION		\$169.25

Bill To:
JOHN SMITH
PO BOX 12345
MONTPELIER VT 05620-0001

REFER TO REVERSE SIDE OF THIS BILL FOR ADDITIONAL INFORMATION.

Mortgagee Loan No.:

Agent: INSURANCE AGENCY LISTED HERE
Phone Number (000) 000 - 0000

Primary Named Insured should match exactly as seen here

Visit www.vermontmutual.com to make an EFT payment.

Named Insured: JOHN DOE
Location Address: 123 MAIN STREET MONTPELIER VT
(If multiple locations, only 1st location appears.)

If your policy number begins with AGB, please find your policy number on the Declarations page of your policy. Sample Declarations pages are below to assist in locating the information.

12/30/15

HOMEOWNERS POLICY - DECLARATIONS
The following Declarations complete the below numbered policy and supersede any previous declarations issued by

VERMONT MUTUAL INSURANCE CO
89 State Street, PO Box 188
Montpelier, Vt 05602

NAMED INSURED & ADDRESS
JOHN DOE
JANE DOE
123 MAIN STREET
MONTPELIER, VT 05601-0123

AGENCY
INSURANCE AGENCY LISTED HERE (000) 000-0000
123 MAIN STREET
ANYWHERE, VT 00000

POLICY PERIOD
From: 02/02/2016 To: 02/02/2017 12:01 A.M. Standard Time at residence premises.

To report a claim call your Agent or the Company at 800-435-0397
HO1 2-34-56-78

RENEWAL

DIRECT BILL TO INSURED

Primary Named Insured should match exactly as seen here. Use the first line only.

Mailing Zip Code should match as seen here. Use the first 5 digits only.

Policy Number should match exactly as seen here. Exclude any spaces or dashes.



COVERAGE SELECTIONS PAGE

Primary Named Insured should match exactly as seen here. Use the first line only.

This page and any attached endorsement form a part of your policy

To report a claim call your Agent or the Company at 800-435-0397

2. Vehicle Policy Amended Endorsement 08/20/2015

This policy Issued By: **Vermont Mutual Insurance Company**

Massachusetts Personal Automobile Policy Number: MA12345678 Agent.

ITEM 1. This policy is Issued To:

JOHN DOE
JANE DOE
123 MAIN STREET
MONTPELIER, VT 05601

Mailing Zip Code should match as seen here. Use the first 5 digits only.

INSURANCE AGENCY LISTED HERE
123 MAIN STREET
ANYWHERE, VT 00000
000-000-0000

Policy Number should match exactly as seen here. Exclude any spaces or dashes.

ITEM 2. This policy is effective from: August 20, 2015 To: August 20, 2016 (12:01 A.M. Eastern Standard Time)

ITEM 3. Description of your Auto:

Vermont Mutual Group Personal Auto Policy Coverage Declarations

To report a claim call your Agent or the Company at 800-435-0397



Primary Named Insured

Named Insured:

JOHN DOE
JANE DOE
123 MAIN STREET
MONTPELIER, VT 05601

should match exactly as seen here. Use the first line only.

Agent:

INSURANCE AGENCY LISTED HERE
123 MAIN STREET
ANYWHERE, VT 00000
000-000-0000

Mailing Zip Code should match as seen here. Use the first 5 digits only.

Policy Number:
PA1 2-34-56-78

Policy Period: 02/12/2016 to 02/12/2017 12:01 AM Standard Time

Policyholder Since: 02/12/1998

Policy Number should match exactly as seen here. Exclude any spaces or dashes.



VERMONT MUTUAL GROUP BUSINESSOWNERS POLICY DECLARATIONS

To report a claim call your Agent or the Company at 800-435-0397

Policy Number: BP12345678 RENEWAL POLICY

Type of Billing: DIRECT BILL TO INSURED

Named Insured / Address

JOHN DOE BUSINESS GROUP
C/O JANE DOE
123 MAIN STREET
MONTPELIER, VT 05601

Primary Named Insured should match exactly as seen here. Use the first line only.

Agency / Address

INSURANCE AGENCY LISTED HERE
123 MAIN STREET
ANYWHERE, VT 00000

Mailing Zip Code should match as seen here. Use the first 5 digits only.

POLICY PERIOD From 04/01/2015 To 04/01/2016 at 12:01 A.M.*
*Standard Time at your mailing address shown above.

INSURANCE PROVIDED BY: VERMONT MUTUAL INS CO.