

*ANNUAL  
 BUSINESS INSURANCE*

*1/2000*

**Invoice**

*\$ 1432.02-12*

**Named Insured**

ARTISTIC RENOVATIONS OF  
 OHIO LLC  
 479 ELM CT  
 SEVEN HILLS OH 44131-6143



90810614  
 GG1273

Please call your Agent with questions about your billing statement or to make changes to your policy.

**ERIE Agent**

VOLAN INSURANCE AGENCY INC  
 343 W BAGLEY RD STE 208  
 BEREA, OH 44017  
 (440)243-7793

See following page(s) for policy details and important messages.

<b>Minimum Due:</b>	<b>\$954.67</b>
<b>Due by:</b>	<b>06/27/2024</b>
<b>Pay in Full:</b>	<b>\$954.67</b>

Fees will be added for any returned payments and included on future invoices.

Make a secure online payment at [erieinsurance.com](http://erieinsurance.com).

Mail Date: 06/06/2024  
 Policy Number: Q282720589  
 Policy Type: Fivestar General Liability  
 Policyholder: ARTISTIC RENOVATIONS OF

**Thank you for choosing Erie Insurance for your insurance needs!**

Detach here PC0004 05/17

Keep top portion for your records / Return bottom portion with your payment

Detach here

**Policy Number:** Q282720589  
**Agent Number:** GG1273  
**Policy Type:** Fivestar General Liability

<b>Minimum Due:</b>	<b>\$954.67</b>
<b>Due by:</b>	<b>06/27/2024</b>
<b>Pay in Full:</b>	<b>\$954.67</b>

Amount you are paying: \$ \_\_\_\_\_

Please write your Policy number on your check.  
 Make check payable to Erie Insurance.  
 Make a secure online payment at [erieinsurance.com](http://erieinsurance.com).

ARTISTIC RENOVATIONS OF  
 OHIO LLC  
 479 ELM CT  
 SEVEN HILLS, OH 44131 - 6143

**ERIE INSURANCE**  
 100 Erie Insurance Place  
 Erie, PA 16530

Please do not write below this line

07071273282720589996060000009009546700095467

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**Minimum Due Details** (see *Important Messages* below)

Policy Number	Policy Type	Policy Term	Billing Fees	Past Due Amount	Current Premium
Q282720589	Fivestar General Liability	04/27/2024 - 04/27/2025		\$477.34	\$477.33
<b>Total</b>				<b>\$477.34</b>	<b>\$477.33</b>
				<b>Minimum Due:</b>	<b>\$954.67</b>

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**Important Messages**

Please pay the **Minimum Due** amount, by the stated **Due Date**, to avoid a non-pay cancellation notice and late fee assessment.

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**Pay In Full Details** (since last invoice)

Policy Number	Policy Type	Transaction Date	Transaction Type	Transaction Amount
Q282720589	Fivestar General Liability	05/06/2024	Previous Balance	\$1,432.00
		05/25/2024	Payment	-\$477.33
<b>Pay in Full:</b>				<b>\$954.67</b>