



Mariola Dybas Ins
6029 W Belmont
Chicago, IL 60634

Boatowners policy bill



DARIUSZ FELIS
JOANNA FELIS APT 2609
313 W WOLF POINT PLZ
CHICAGO IL 60654-8902

Information as of October 30, 2024

Policyholder

Dariusz Felis

Joanna Felis

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Policy number

802 659 043

Your policy provided by

Allstate Property and Casualty Ins Co

Covered property

2015 Bostonwhal 370 Outrag

Policy period

Effective **November 19, 2024** through
November 19, 2025 12:01 a.m. standard time

Your Allstate agency is

Mariola Dybas Ins

(773) 237-5600

To pay in full (includes FullPay® discount) \$2,913.49

Premium amount due if you do not pay in full 3,770.64

Minimum premium amount due 628.44

Installment fee 4.00

Minimum amount due by November 19, 2024 \$632.44

You may pay the minimum, or any amount up to the \$2,913.49 premium amount. If you pay less than \$2,913.49, you will not receive the FullPay® discount and we will charge the \$4.00 installment fee. You will be charged a \$4.00 installment fee each time you pay the minimum amount due or any amount between the minimum amount due and the pay in full amount. You can avoid paying installment fees if you pay your renewal premium in full. In that case, you will not be sent a bill until your policy renewal, unless you make a change in coverage resulting in additional premiums.

NOTE: A \$10.00 late fee may be assessed if payment is received after the due date.

Ways to pay

We offer several convenient ways to pay your bill.

Automatic Payments

Log in to myaccount.allstate.com to set up automatic payment from your bank account or credit/debit card.

One-Time Payment

Log in to myaccount.allstate.com or use the Allstate™ Mobile app to pay today or schedule a future payment. To pay without logging in, use Quick Pay on allstate.com.

(continued)



Scan or visit allstate.com/pay
to pay your bill.



How to save with Allstate

We're always here to help.
For more ways to save¹ – like Full Pay, Drivewise® or Easy Pay – log in to the Allstate® mobile app or allstate.com/myaccount.

¹Subject to terms, conditions and availability.

Detach bottom portion here ▼

Return this portion with your payment

11/19

To pay in full \$2,913.49

Minimum amount due by November 19, 2024 \$632.44

Amount enclosed

\$.

Make check or money order payable to Allstate Property and Casualty Ins Co. Please include your policy number. Allow five days for delivery.

ALLSTATE PROPERTY AND CASUALTY INS CO
PO BOX 4310
CAROL STREAM IL 60197-4310



Allstate®

Policyholder

Dariusz Felis

Joanna Felis

Policy number

802 659 043

Do not write address or policy change requests on this return portion, contact your agency.



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Online Banking
If you pay using your bank’s online system, enter 8026590431119 as your account number and P.O. Box 4310, Carol Stream, IL 60197-4310 as the payment address.

Other
Pay by phone at 800-901-1732 or drop it off at your local Allstate agency.

For more information: Visit allstate.com/support/payment-and-billing.aspx

Make the switch to paperless
Say good-bye to clutter with our paperless options. Learn more and enroll at allstate.com/paperless.

Transaction history

Date	Transaction	Amount	Balance
3/30/24	Previous Balance		\$620.79
4/19/24	Payment received - eCheck	- 624.79	- 4.00
4/19/24	Installment fee charge	+ 4.00	0.00
10/4/24	Renewal premium	+ 3,770.64	3,770.64
Balance (if you do not pay in full)			\$3,770.64
Balance (includes FullPay® discount)			\$2,913.49

Save \$857.15 by paying your policy in full by November 19, 2024. The \$2,913.49 to pay in full amount reflects this savings.

Installment schedule

November 2024	December 2024	January 2025	February 2025	March 2025	April 2025
19th	19th	19th	19th	19th	19th
\$632.44	\$632.44	\$632.44	\$632.44	\$632.44	\$632.44

What you should know

This document reflects your renewal offer premium. By remitting your payment, you are agreeing to all of the terms contained in the policy, endorsements and policy declarations which are in effect during the policy period.

For each check, electronic transaction or other remittance which is not honored because of insufficient funds or a closed account, you will be charged \$25.00.

We value your business and want to make sure your policy continues to protect you. Please make sure that we receive this installment payment by the due date so that you are not sent a cancellation notice. The cancellation notice will include the fees and the Minimum Amount Due for this installment.

If you have any questions, please contact your agent.

WHAT YOU SHOULD KNOW

(Continued)

Keep with your important papers

IMPORTANT INFORMATION: We will not send you a bill when the Minimum Amount Due is \$0.00. You can visit My Account at Allstate.com to view electronic copies of your bills 24 hours a day, 7 days a week.

Terms of Agreement for One Time Electronic Withdrawal or Allstate® Easy Pay Plan

If you choose to make a payment using your checking account information or to apply for the Allstate® Easy Pay Plan, you will be asked to provide the following code 59043.

One-time electronic payments: By using this code you authorize Allstate and its affiliates to initiate a one-time electronic withdrawal from your checking account in the amount you specify. Future payments you initiate using the same checking account will be sent to your bank as an electronic withdrawal for the amount you specify. The withdrawal may be made from your checking account as early as the next business day following your payment date.

Allstate® Easy Pay Plan: By using this code you authorize Allstate, its affiliates and the financial institution designated to deduct payments from your account through electronic funds transfer. All debit entries shall be initiated by Allstate to pay premiums and other charges and fees, including, if applicable, any fee charged after the policy's termination effective date, for or associated with the above listed policy as authorized and the entries shall constitute my receipt for the transaction(s). Direct electronic payment of the billing schedule amount will be debited on or after the premium due date indicated on your schedule and you should continue to pay any paper bills sent to you prior to receiving the schedule. You may terminate the agreement at any time by calling your agent of record, 1-800-Allstate®, or notify us in writing. Should a policy be offered to me in an affiliate company, this agreement will remain in effect unless I call 1-800-Allstate®, contact my agent, or notify Allstate in writing of termination of this agreement. Termination will be effective within 5 business days.

When you send us a check in the mail as payment, you authorize us to use information from your check to make a one-time electronic funds transfer from your bank account.



