

VACANT EXPRESS  
PO BOX 6002  
SCOTTSDALE AZ 85261-6002



KS

**Invoice for Insurance Premium**  
Statement Date: 01/23/25

Account Number:	4001664892
<b>Due Date:</b>	<b>02/13/25</b>
Previous Balance:	\$0.00
Billed this Statement:	\$287.75
Amount Due:	\$287.75

JESSE ESTABROOK  
200 CURTIS ST  
HUTCHINSON KS 67502-2422

Named Insured(s): JESSE ESTABROOK

Loan Number:  
For policy changes or questions contact your agent  
Agent Name: SHEPHERD INSURANCE GROUP INC  
Phone Number: 316-869-1235  
Agent Number: Y142

**Billing Information**

Invoice #	Invoice Date	Due Date	Policy Details	Invoice Amount Due
1001846680	01/23/25	02/13/25	VEP0354830	\$287.75
<b>INVOICE TOTAL</b>				<b>\$287.75</b>
<b>INVOICED AMOUNT DUE</b>				<b>\$287.75</b>

**Account Information**

Policy	Period	Status	Policy Type	Property Description	Payment Plan	Balance
VEP0354830	12/13/24 - 12/13/25	In-Force	VE - DwellingReno	200 W Nickerson Blvd	4 Pay	\$863.25
ACCOUNT FEES						\$0.00
<b>TOTAL ACCOUNT BALANCE</b>						<b>\$863.25</b>

BCINV0221

**To Pay Online Visit [www.vacantexpress.com](http://www.vacantexpress.com)**

Detach the below portion and return with payment in the enclosed envelope.

Please indicate address changes below or contact your agent.

Agent Number: Y142

Billed To: JESSE ESTABROOK  
200 CURTIS ST  
HUTCHINSON KS 67502-2422

Account Number:	4001664892
<b>Due Date:</b>	<b>02/13/25</b>
Amount Due:	\$287.75

**Make check payable and mail to:**

Please include your account number on your check.

**To Pay Online Visit [www.vacantexpress.com](http://www.vacantexpress.com)**

DIAMOND STATE INSURANCE COMPANY  
PO BOX 206584  
DALLAS TX 75320-6584

Amount Enclosed: \$\_\_\_\_\_

4001664892 9 0000028775 0000086325 1

To Pay Online Visit [www.vacantexpress.com](http://www.vacantexpress.com)

KS

**TO REACH A CUSTOMER SERVICE REPRESENTATIVE CALL 800-310-3351**

**Billing Options:** You may pay your policy in full or pay the installment amount shown on your bill. If you elect to pay the installment amount, we will bill you for future installments as they become due. Your current payment plan:

Payment Options	Initial Amount Includes	Future Installments	Explanation
4 Payment Option	25% of policy premium, plus 100% of fee and taxes, where applicable	Three installments, due in month 2, 5 and 8 each at 25% of the policy premium plus service charge	A quarter of the premium payment and all fees and taxes paid, with 3 installments of equal payments of the remaining balance plus the service charge

**State Surcharges** These fees are assessed by your state and local government and are sent from the Insurance Company to the appropriate governmental agency.

**Check Processing** In accordance with Federal Reserve Board guidelines, personal checks that you send us for payment may be processed electronically. This means that checks generally clear faster, banks no longer return checks and bank statements are valid proof of payment.

**Note** Your payments are first applied to fees and state surcharges and the remainder applied to your premium. It is important that you pay one of the premiums amounts as indicated on your bill.

This invoice does not imply coverage beyond your policy expiration or cancellation date and is superseded by any notice of cancellation you may have received.

**For other questions concerning your policy, please contact your agent.**