

Premium Invoice

Life Insurance Policy
Invoice #: **INV-2024-0712**
Date: **2024-07-12**

Insurer

Company Name: **ABC Life Insurance Co.**
Address: 123 Elm Street, Suite 100
City, State ZIP: Metropolis, NY 10001
Phone: (555) 555-1234
Email: service@abclife.com

Policyholder

Name: **John Doe**
Address: 456 Maple Avenue
City, State ZIP: Smalltown, NY 12012
Phone: (555) 123-4567
Email: john.doe@email.com

Policy Info

Policy Number: **LI-987654321**
Issue Date: **2020-04-30**
Coverage: **\$500,000**
Plan: **Whole Life**

Description	Coverage Period	Premium Due Date	Amount Due
Annual Premium Payment	2024-05-01 to 2025-04-30	2024-05-01	\$1,200.00
Base Premium			\$1,150.00
Administrative Fee			\$30.00
Taxes			\$20.00
Total Amount Due			\$1,200.00

Payment Instructions:

- Payable to: ABC Life Insurance Co.
- Bank Transfer: Account #123456789, ABC Bank
- Check Mailing Address: 123 Elm Street, Suite 100, Metropolis, NY 10001
- Include your policy number on all payments.

Please pay the total amount due by the premium due date to ensure continued coverage.
For questions, contact us at (555) 555-1234 or service@abclife.com