

# Fire Insurance Installment Payment Schedule

Policy No.: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Insurance Period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Total Premium: \_\_\_\_\_

Installment No.	Due Date	Installment Amount	Status (Paid/Unpaid)	Receipt No.
1	____ / ____ / ____			
2	____ / ____ / ____			
3	____ / ____ / ____			
4	____ / ____ / ____			

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Authorized Signature

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Date