

Thank you for choosing AmTrust North America. The following information will assist you in reviewing your billing statement.

Billing Inquiries: Please contact Customer Service at 877.528.7878 from 8:00 a.m. to 8:00 p.m. EST Monday - Thursday and 8:00 a.m. to 5:00 p.m. on Fridays. Please contact your insurance agent regarding policy or premium changes.

Payment Options

Option 1 – Pay in Full: You can avoid paying future installment fees if you pay the payment-in-full amount. If you do, you will not receive another billing statement unless your policy renews or you make a change in coverage that results in a change in premium.

Option 2 – Pay Minimum Payment Due: An installment fee of \$15 will be charged each time you choose this option. An invoice will be sent when the next payment is due. You may reduce the amount of each installment fee to \$3 by having your premium automatically deducted from your checking or savings account through electronic funds transfer. Visit us online to register your policy at www.AmTrustNorthAmerica.com.

If any portion of a minimum due premium payment is received after the due date on any billing statement (including any payment that is returned by your bank for any reason), we may either (1) require you to make installment payments by electronic funds transfer, if available, or (2) require full payment of the current balance.

A late fee of \$20 will be assessed if the required minimum due is not received on or prior to the statement due date.

Payment Methods

Check: Detach the payment coupon and return with your check payment in the envelope provided. In order to avoid any late fees it is suggested that you mail payment at least 7 days in advance.

Credit Card: Pay via the web, by mobile device or by phone. We accept Visa, MasterCard, American Express and Discover. Visit us online to register your policy at www.AmTrustNorthAmerica.com. Visit the Apple App Store or Google Play Store and download AOMobile. You may also call Customer Service at 866.513.5650 to make a payment via our interactive voice response unit. If operator intervention is required to take payment, a \$5 fee will be assessed.

Electronic Check: Pay via the web, by mobile device or by phone.

A \$25 return item fee will be charged for any payment that is returned by your bank or credit card provider for any reason.

Payment Application

Application of Payments and Cancellation: If you pay more than the minimum due, the extra payment will be applied to your next installment.

If you fail to make the minimum payment by the due date, a cancellation notice may be issued for one or more policies on your account.

If we receive payment after the cancellation effective date and we elect not to reinstate your policy, the payment will be applied to any unpaid earned premium on your account before any remainder is refunded. If we elect to reinstate the policy, a reinstatement fee of \$50 per policy will be added to your next billing statement.

Refunds on individual policies will be returned only after the current balance and/or audit balance has been paid in full.

Please be advised that if this obligation was included in a bankruptcy proceeding, this invoice is being sent for informational purposes only.

"AmTrust North America" is the administrative agent for our group of affiliated insurers and is used for your convenience in making payments. Refer to the Declarations pages of your policy(ies) and the billing statement for the individual policy issuing company. For more information about our companies, visit our website at www.AmTrustNorthAmerica.com.

Express or Overnight Mail

AmTrust North America
800 Superior Avenue E.
Cleveland, OH 44114

If mailing, please detach this portion and return with your payment in the envelope provided. Please mail at least 7 days in advance.

Has your address changed? Please update your new contact information below.

Name	<input type="text"/>	DBA	<input type="text"/>
Address 1	<input type="text"/>		
Address 2	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Insured Email	<input type="text"/>		
Insured Contact	<input type="text"/>	Phone	<input type="text"/>