

## A Member of The PROES Business Group

## Premium Invoice

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Invo	nce	Date:

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**Description:** 

**DUE DATE:** 

Make all checks payable too:

**The PROES Group, Inc.** 5488 E. State Road 46 Bloomington, IN 47401

Telephone: 812-337-7637

Insured Name	Policy Effective Date	Trans.	Policy Number		Premium Due
					\$
				Subtotal	\$
				Miscellaneous	\$ 0.00
				Balance Due	\$

**Trans:** "N" = New "Ren" = Renewal "End" = Endorsement

Thank you for your business!

Main Office:

The PROES Group, Inc. 5488 E. State Road 46 Bloomington, IN 47401

Phone: 812-337-7637 Fax: 812-355-5565

Email: cwebb@proesgroup.com