INTERLOCAL RISK MANAGEMENT AGENCY

INVOICE

ACCG Insurance Programs

PLEASE MAKE CHECK PAYABLE TO THE ACCG-IRMA.
*MAIL PAYMENT AND ONE COPY OF INVOICE IN AN ENVELOPE TO: (**Please Note New Bank Name**)*

Truist Trust Dept – Income Processing 1
ACCG-IRMA # 0375
P.O. Box 896741
Charlotte, NC 28289-6741

Lowndes County
P.O. Box 1349
Valdosta, GA 31603-1349

MEMBER: NO.:
INVOICE NO.:
DUE DATE: UPON RECEIPT

INSURANCE DESCRIPTION	DEPARTMENT
PROPERTY & LIABILITY	**ACCG INSURANCE PROGRAMS**

COVERAGE PERIOD		DESCRIPTION	AMOUNT DUE
EFFECTIVE	EXPIRATION		
7/1/2022	7/1/2023	**ACCG-IRMA Renewal Contribution**	
		Limit of Liability: **$1,000,000** With $500,000/$700,000/$50,000 on Auto Liability	**$1,063,691**
		Less Safety Credit:	**($53,185)**
		Less Rate Credit:	**($22,799)**
		Less Dividend Credit:	**($88,855)**

CONTRIBUTIONS ARE DUE IN FULL UPON RECEIPT.	**$898,852**

PLEASE RETURN ONE COPY WITH YOUR REMITTANCE

The ACCG-IRMA is non-profit and member-owned. Prompt payment of your contribution is necessary to keep the cost of coverage down for all members. A finance charge of 7% annual, pro-rated daily interest will be assessed on any contributions not received when due. Should you have any questions about this invoice, please call Glenda Williams at ACCG at 678.225.4253.

WE APPRECIATE YOUR PARTICIPATION IN
THE ACCG – INTERLOCAL RISK MANAGEMENT AGENCY.

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