



Understanding Your Invoice | A Quick Reference Guide to Your Premium Bill

1. Invoice Summary

- Account Number:** Your account identification number.
- Invoice Date:** The date the invoice was billed.
- Invoice Number:** Number for tracking.
- Due Date:** Date payment is due.
- Past Due Amount:** Previously invoiced amounts still outstanding.
- Current Amount Due:** The amount due associated with the invoice number.
- Total Amount Due:** Current amount due plus past due balances.

- 2. Invoice To Information:** Where the invoices are being mailed to.
- 3. Agent Information:** Will include Agent name and mailing address for this policy.
- 4. Payments/ Adjustments:** Will detail any payments or credits applied to the account since the last invoice.
- 5. Current Charges/Adjustments:** Premium and fees on this invoice.
- 6. Policy Period:** Effective dates of the policy being invoiced.
- 7. Policy Type/Policy Number:** Will specify the type of coverage and the associated policy number being invoiced.
- 8. Description:** Detail on the specific charge being invoiced.
- 9. Due Amount:** The amount due currently. Payments or credits may have applied.
- 10. Remittance Stub:** To be mailed back with payment.



1 BILLING INVOICE

Account Number: XXXXXXXXXX
 Invoice Date: 04/01/2023
 Invoice Number: 1012704609
 Due Date: 04/26/2023
Past Due Amount: \$0.00
 Current Amount Due: \$1,156.84
Total Amount Due: \$1,156.84

TEST INC.
TEST ADDRESS
TEST CITY, STATE, ZIP

Agent: AGENT INFORMATION

To enroll in automatic payments, visit your customer account at www.copperpoint.com.

Account Activity

		Payments/Adjustments		
Transaction Date	Payment Method	Reference Number	Description	Amount
				Payments/Adjustments Total: \$0.00

Current Charges/Adjustments						
Policy Period	Transaction Date	Policy Type	Policy Number	Description	Amount	Due Amount
01/01/2022 - 01/01/2023	03/29/2023	WC	1021468	Premium - Audit	\$1,532.00	\$776.68
01/01/2023 - 01/01/2024	04/01/2023	WC	1021468	Premium - Renewal - installment 4 of 5	\$380.16	\$380.16
-	04/01/2023			installment Fee	\$5.00	\$0.00
Current Charges/Adjustments Total:					\$1,917.16	\$1,156.84

Please be sure to include this remittance slip with your payment.

Mail payment to: P.O. Box 33069, Phoenix, AZ 85067-3069

Insured's Name: Test, Inc. Amount Due: \$1,156.84

Invoice Number: XXXXXXXXXX Due Date: 04/26/2023

Amount Paid: _____

Check Check Number: _____

Make Check Payable to: CopperPoint Insurance Company.
(If paying by check please include your invoice number shown above on your check)

To make payments electronically log in to your account at www.copperpoint.com. To Pay by Phone call: 833-777-0248

To Make a Payment – Visit us at www.copperpoint.com or call us at 1.833.777.0248

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