



① Western Region

Phone: 800-252-6725

Fax: 877-252-6725

E-Mail: [TGWest@TransGuard.com](mailto:TGWest@TransGuard.com)

<b>NAME OF CUSTOMER:</b> SAMPLE NAME 1234 ANY STREET ANY TOWN, ST 23456	<b>LOCAL INSURANCE AGENT:</b> SAMPLE NAME 2 3456 ANY STREET ANY TOWN, ST 45678
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<b>Invoice Number:</b> ② 73859	<b>Customer Number:</b> ③ WNT56789
<b>Date of Invoice:</b> 09/15/09	<b>Total Amount Due:</b> ⑦ \$ 2,560.00

<b>POLICY INFORMATION ⑤</b>			
<b>Insurance Company:</b>	TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.		
<b>Policy Number:</b>	TCP234567-00		
<b>Type of Policy:</b>	TRANSGUARD PACKAGE POLICY		
<b>Effective Date of Policy:</b>	6/01/09	<b>Expiration Date of Policy:</b>	06/01/10
<b>Description of Transaction:</b>	Installment #4		

<b>BILLING AND PAYMENT INFORMATION ⑥</b>			
<b>Gross Premium Amount:</b>	\$ 2,555.00		
<b>State Fees or Charges:</b>	\$ 0.00		
<b>Installment Charges:</b>	\$ 5.00		
<b>Total of Billing:</b>	\$ 2,560.00		
<b>Previous Payments:</b>	\$ 0.00		
<b>Total Due:</b> ⑦	\$ 2,560.00	<b>Due Date:</b> ④	10/01/09
<i>A late charge of 1% or \$ 2.56 will be added to any unpaid balance for each thirty days past due. Past Due Premiums are subject to cancellation without further notice.</i>			

<b>REMITTANCE INFORMATION ⑧</b>	
<b>Please make your check payable to <a href="#">TRANSGUARD INSURANCE COMPANY OF AMERICA, Inc.</a>, Please show this invoice number on your check or attach a copy of this invoice and mail your payment to: File 51138, Los Angeles, CA 90074-1138.</b>	
<b>We can also accept payments by phone check or credit card – call our office at 800-252-6725 for more information.</b>	