



800 Superior Avenue E | Cleveland, OH 44114

BRADFORD PARK OWNERSASSOCIATION INC
 C/O GOODWIN & COMPANY
 PO BOX 203310
 AUSTIN TX 78720



Account Number: **27188445**
 Date of Notice: **2/8/2023**
 Due Date: **4/1/2023**
 Your Agent: **Watkins Insurance Group**
512-452-8877

Pay online at www.AmTrustNorthAmerica.com
 Pay by phone by calling 1-866-513-5650
 Mail your payment with coupon below.

Policy Number	Coverage Description	Policy Effective Date	Policy Status	Total Policy Cost	Total Billed To Date	Total Paid To Date	Currently Due
WPP2007969 00	Commercial Lines	4/1/2023	In Effect	\$2,093.00	\$523.32	\$0.00	\$523.32

Received - Austin

FEB 15 2023

Goodwin & Company

Totals: \$2,093.00 \$523.32 \$0.00 \$523.32

For billing inquiries, please contact Customer Service at 1-866-513-5651 between 8:00 a.m. to 8:00 p.m. EST Monday –Thursday and 8:00 a.m. to 5:00 p.m. on Friday. Please contact your agent regarding policy or premium questions.
 See reverse for fee information.

Minimum Payment Due \$523.32
Payment In Full \$2,093.00

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

Payment Coupon

Account Number: **27188445**

Minimum Payment Due **\$523.32**

Payment Due Date **4/1/2023**

Amount Enclosed: , .

Check if Address Change
 Note changes on reverse.

AMTRUST NORTH AMERICA
 PO BOX 6939
 CLEVELAND OH 44101-1939



000 0120 040123 73219668 27188445 00209300 00052332

1 - 1 / 27188445 AMT001





800 Superior Avenue E | Cleveland, OH 44114

BRADFORD PARK OWNERSASSOCIATION INC
 C/O GOODWIN & COMPANY
 PO BOX 203310
 AUSTIN TX 78720



Account Number: **27188445**
 Date of Notice: **4/11/2023**
 Due Date: **5/1/2023**
 Your Agent: Watkins Insurance Group
 512-452-8877

Pay online at www.AmTrustNorthAmerica.com
 Pay by phone by calling 1-866-513-5650
 Mail your payment with coupon below.

Policy Number	Coverage Description	Policy Effective Date	Policy Status	Total Policy Cost	Total Billed To Date	Total Paid To Date	Currently Due
WPP2007969 00	Commercial Lines	4/1/2023	In Effect	\$2,093.00	\$719.53	\$523.32	\$196.21
	Installment Fee						\$15.00

Received - Austin

APR 18 2023

Goodwin & Company

Totals: \$2,093.00 \$719.53 \$523.32 \$211.21

For billing inquiries, please contact Customer Service at 1-866-513-5651 between 8:00 a.m. to 8:00 p.m. EST Monday –Thursday and 8:00 a.m. to 5:00 p.m. on Friday. Please contact your agent regarding policy or premium questions.
 See reverse for fee information.

Minimum Payment Due \$211.21
Payment In Full \$1,584.68

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

Payment Coupon

Account Number: 27188445
 Minimum Payment Due \$211.21
 Payment Due Date 5/1/2023

Amount Enclosed: , .

Check if Address Change
 Note changes on reverse.

AMTRUST NORTH AMERICA
 PO BOX 6939
 CLEVELAND OH 44101-1939

000 0122 050123 73628340 27188445 00158468 00021121

1 - 1 / 27188445 AMT001





800 Superior Avenue E | Cleveland, OH 44114

BRADFORD PARK OWNERSASSOCIATION INC
 C/O GOODWIN & COMPANY
 PO BOX 203310
 AUSTIN TX 78720



Account Number: **27188445**
 Date of Notice: **5/12/2023**
 Due Date: **6/1/2023**
 Your Agent: **Watkins Insurance Group**
 512-452-8877

Pay online at www.AmTrustNorthAmerica.com
 Pay by phone by calling 1-866-513-5650
 Mail your payment with coupon below.

Policy Number	Coverage Description	Policy Effective Date	Policy Status	Total Policy Cost	Total Billed To Date	Total Paid To Date	Currently Due
WPP2007969 00	Commercial Lines	4/1/2023	In Effect	\$2,093.00	\$915.74	\$719.53	\$196.21
	Installment Fee						\$15.00

Received - Austin

MAY 22 2023

Goodwin & Company

Totals: \$2,093.00 \$915.74 \$719.53 \$211.21

For billing inquiries, please contact Customer Service at 1-866-513-5651 between 8:00 a.m. to 8:00 p.m. EST Monday –Thursday and 8:00 a.m. to 5:00 p.m. on Friday. Please contact your agent regarding policy or premium questions.
 See reverse for fee information.

Minimum Payment Due \$211.21
Payment In Full \$1,388.47

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

Payment Coupon

Account Number: **27188445**
 Minimum Payment Due **\$211.21**
 Payment Due Date **6/1/2023**

Amount Enclosed: , .

Check if Address Change
 Note changes on reverse.

AMTRUST NORTH AMERICA
 PO BOX 6939
 CLEVELAND OH 44101-1939

000 0130 060123 73841198 27188445 00138847 00021121

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800 Superior Avenue E | Cleveland, OH 44114

BRADFORD PARK OWNERSASSOCIATION INC
 C/O GOODWIN & COMPANY
 PO BOX 203310
 AUSTIN TX 78720



Account Number: 27188445
 Date of Notice: 6/9/2023
 Due Date: 6/29/2023
 Your Agent: Watkins Insurance Group
 512-452-8877

Convenient ways to pay:
 Pay online at www.AmTrustFinancial.com
 Scan bar code on payment coupon to use EasyPay

Policy Number	Coverage Description	Policy Effective Date	Policy Status	Total Policy Cost	Total Billed To Date	Total Paid To Date	Currently Due
WPP2007969 00	Commercial Lines	4/1/2023	In Effect	\$2,093.00	\$1,111.95	\$915.74	\$196.21
	Installment Fee						\$15.00

Received - Austin
 JUN 15 2023
 Goodwin & Company

Totals: \$2,093.00 \$1,111.95 \$915.74 \$211.21

For questions about your policy or premium please contact your agent at the top of the billing statement. Please contact us at 1-877-528-7878 for billing inquiries. Our hours of operation are 8:00am to 8:00pm EST Monday – Thursday and 8:00 am to 7:00pm on Friday. See reverse for fee information.

Minimum Payment Due \$211.21
Payment In Full \$1,192.26

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



Scan here to pay now!

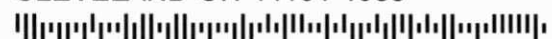
Payment Coupon

Account Number: 27188445
 Minimum Payment Due \$211.21
 Payment Due Date 6/29/2023

Amount Enclosed: , .

Check if Address Change
 Note changes on reverse.

AMTRUST NORTH AMERICA
 PO BOX 6939
 CLEVELAND OH 44101-1939



000 0126 062923 74007478 27188445 00119226 00021121

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VENDOR CREDIT REFUND VOUCHER PROCESSING REQUEST

*****VOUCHER IS ENTERED IN VMS*****

Date: _____

Property Code: _____

Property: _____

Vendor: _____

Vendor Check #: _____

Description: _____

<u>GL Code</u>	<u>GL Code Description</u>	<u>Voucher Amount</u>
_____	_____	\$ _____

THIS VOUCHER IS FOR A VENDOR REFUND POSTED IN VMS THROUGH THE AP MODULE. VOUCHER IS FOR A NEGATIVE AMOUNT AND WILL REFLECT ON THE VENDOR LEDGER AS REFUND.

CHECK NUMBER FOR PAYMENT WILL BE "REFUND". WHEN PRINTING THE BARCODE LABELS "REFUND" MUST BE ENTERED IN THE CHECK NUMBER TO FROM FIELDS FOR LABEL TO GENERATE.

AP Voucher Entered By: _____

Date / Time Submitted to AP Dept: _____

Security National Insurance Company
An AmTrust Financial Company

AmTrust North America
800 Superior Ave E. 21st Floor
Cleveland, OH 44114



BRADFORD PARK OWNERS ASSOCIATION INC
c/o Goodwin & Company PO Box 203310
Austin, TX 78720

06/28/2023

Below is a refund check from AmTrust North America.

The refund is due to: Overpayment of Premium on Policy SPP1776829-03

If you have questions, please contact your agent or our Customer Service Department at 877-528-7878.

Please retain this voucher for your records.

AmTrust North America, Inc.
Premium Refund Account
59 Maiden Lane - 43rd Floor
New York, NY 10038

JPMORGAN CHASE BANK N.A.
SYRACUSE, NY 13208
50-937/213

1540851

6/28/2023

\$****177.28

1-1/

Pay to the
Order of

BRADFORD PARK OWNERS ASSOCIATION INC

One Hundred Seventy Seven Dollars And Twenty Eight Cents

▶ A ◀
JUL 06 2023

AmTrust Financial Services, Inc.

Authorized Representative

Authorized Representative



⑈ 1540851 ⑈

⑈ 021309379 ⑈

⑈ 601877509 ⑈



800 Superior Avenue E | Cleveland, OH 44114

Account Number: **27188445**
 Date of Notice: **7/12/2023**
 Due Date: **8/1/2023**
 Your Agent: **Watkins Insurance Group**
 512-452-8877

BRADFORD PARK OWNERSASSOCIATION INC
 C/O GOODWIN & COMPANY
 PO BOX 203310
 AUSTIN TX 78720



Convenient ways to pay:

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Policy Number	Coverage Description	Policy Effective Date	Policy Status	Total Policy Cost	Total Billed To Date	Total Paid To Date	Currently Due
WPP2007969 00	Commercial Lines	4/1/2023	In Effect	\$2,093.00	\$1,308.16	\$1,111.95	\$196.21
	Installment Fee						\$15.00

Received - Austin

JUL 17 2023

Goodwin & Company

Totals: \$2,093.00 \$1,308.16 \$1,111.95 \$211.21

For questions about your policy or premium please contact your agent at the top of the billing statement. Please contact us at 1-877-528-7878 for billing inquiries. Our hours of operation are 8:00am to 8:00pm EST Monday – Thursday and 8:00 am to 7:00pm on Friday. See reverse for fee information.

Minimum Payment Due \$211.21
Payment In Full \$996.05

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

Payment Coupon

Account Number: **27188445**
 Minimum Payment Due **\$211.21**
 Payment Due Date **8/1/2023**

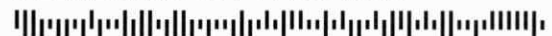
Amount Enclosed: , .

Check if Address Change
 Note changes on reverse.



Scan here to pay now!

AMTRUST NORTH AMERICA
 PO BOX 6939
 CLEVELAND OH 44101-1939



000 0126 080123 74236168 27188445 00099605 00021121

1 - 1 / 27188445 AMT001





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Account Number: **27188445**
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 Due Date: **8/1/2023**
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	Installment Fee						\$15.00

Received - Austin

JUL 17 2023

Goodwin & Company

Totals: \$2,093.00 \$1,308.16 \$1,111.95 \$211.21

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Payment In Full \$996.05

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Payment Coupon

Account Number: **27188445**
 Minimum Payment Due **\$211.21**
 Payment Due Date **8/1/2023**

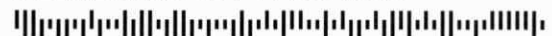
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