Received - Austin



800 Superior Avenue E | Cleveland, OH 44114

FEB 1 5 2024

Goodwin & Company

Account Number: Date of Notice:

Date of Notice Due Date: Your Agent: 27188445 2/7/2024 4/1/2024

Watkins Insurance Group 512-452-8877

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



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Policy	Coverage	Policy	Policy	Total	Total Billed	Total Paid	Currently	
Number	Description	Effective Date	Status	Policy Cost	To Date	To Date	Due	
WPP2007969 01	Commercial Lines	4/1/2024	In Effect	\$2,615.00	\$653.80	\$0.	00	\$653.80

Totals:

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.

\$2,615.00

\$653.80

\$0.00

\$653.80

Minimum Payment Due

Payment In Full

\$653.80 \$2,615.00

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

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Check if Address Change Note changes on reverse.