

## **Return Stub Form**

Please use this form for Down Payments on Agent issue New Business (Auto - Collaborative Edge, Homeowner - Atlas 3) or as a Substitute payment stub for Homowners, PAF, PLUS, or Boat policies. For an auto replacement stub, refer to "Statement Inquiry" at www.premierins.com

Please fill out the form below and mail both stub and payment in an **Agent Express envelope** to the following address:

Agent Express The Premier Insurance Company of Massachusetts Remittance Center One Tower Square Hartford, CT 06183-6965

| Please tear along perforation | PR-1701  |
|-------------------------------|--|
| Return Stub Form              | Please detach and return this stub with your<br>payment in a Agent Express envelope.<br>Be sure to write policy number and insured's |
| CHECK ONE:                    | name on check. <b>DO NOT STAPLE</b>  |
| Premier Automobile Payment:   | Make Check Payable to Premier  |
| Travelers Property Payment:   | Make Check Payable to Travelers  |
| Policy Number                 | Amount of Check \$   |
| Name:                         |  |
| Address:                      |  |
| City, State, Zip Code:        |  |