

SUMMARY SHEET
 INSTALLMENT PAYMENTS FOR RETROACTIVE PREMIUM DUE AMOUNTS

CAN _____

NAME _____

COVERAGE PERIOD _____ TO _____

TOTAL PREMIUMS DUE \$ _____

MONTHLY AMOUNT \$ _____

FIRST MONTH/YEAR OF INSTALLMENT _____

LAST MONTH/YEAR OF INSTALLMENT _____

Installment No.	Month of Installment	Amount of Installment	Balance	Date of Check	Received by and Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

INSTALLMENT PAYMENTS FOR RETROACTIVE PREMIUM DUE AMOUNTS

CAN _____

NAME _____

Installment No.	Month of Installment	Amount of Installment	Balance	Date of Check	Received by and Date
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					