

### **Our Heritage**

Our company was founded in 1863 with a mission to donate a portion of our profits to support the families of firefighters. We're continuing that tradition today through our Fireman's Fund Heritage™ Program, a national, community-based effort that provides equipment, fire prevention tools and training, and community fire safety education. To learn more, visit our Web site at [www.firemansfund.com/heritage](http://www.firemansfund.com/heritage).

[www.firemansfund.com](http://www.firemansfund.com)

The insurance policy, not this brochure, forms the contract between the insured and the insurance company. The policy may contain limits, exclusions, and limitations that are not detailed in this brochure. Coverages may differ by state.

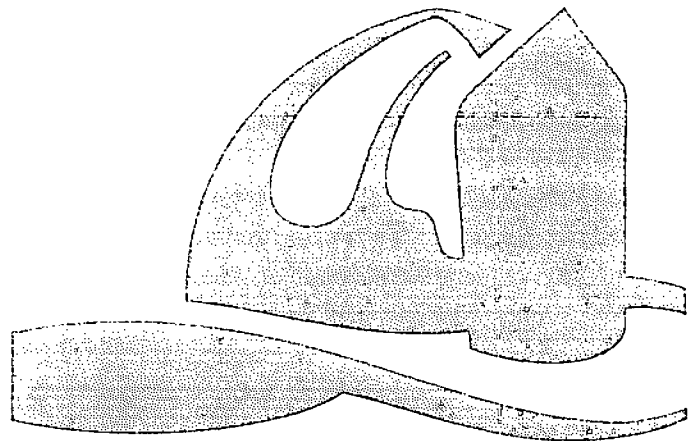
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## Fireman's Fund Recommends Automatic Bill Pay

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**Fireman's Fund<sup>®</sup>**  
Insurance Company

Fireman's Fund  
Insurance Company

## Automatic Bill Pay

There are no fees for this time- and money-saving service.

### Save money

If you're paying your premium in installments, you're paying a processing fee for each installment. This fee can be found on the reverse of your current bill.

We encourage you to avoid this fee – and manage your insurance expenses – by paying installments via our convenient electronic payment method.

### Save time

Once you're enrolled, installments are automatically paid from your account each month on the date you've specified. We will confirm the start date and amount of monthly withdrawals within 45 days.

### How to enroll

1. Complete the form on the opposite panel.
2. Mail completed form with voided check to:

Fireman's Fund Insurance Co.  
Attn: Direct Bill Accounting Dept.  
P.O. Box 2519  
Dallas, TX 75221

or fax to 800.486.6344.

Please allow 25 to 30 days for processing. You will receive a payment schedule approximately 10 days before the first automatic deduction is taken from your account.

3. That's it!

### Questions?

Call our Customer Service line at 1.800.261.9497.

\_\_\_\_\_  
Name on Policy

\_\_\_\_\_  
Policy Number

Due Date: Please deduct on the \_\_\_\_\_  
(choose the 1st through the 28th) of each month.

I/we hereby authorize Fireman's Fund Insurance Company to initiate debit and, if necessary, credit entries to the account indicated below from the financial institution named below. Fireman's Fund is authorized to act on any future changes to coverage/policies requested by me/us that affect my/our regular insurance installments. This authority is to remain in effect until Fireman's Fund Insurance Company receives written notification from me/us of its termination in such time and manner as to afford Fireman's Fund and the financial institution to act on it.

\_\_\_\_\_  
Policyholder Signature

Bank Account Type

checking    savings    money market

I choose to (select one):

- Enclose voided check  
 Complete the rest of the form

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
ABA Routing Number (the nine digit number that precedes your account number at the bottom of your check)

\_\_\_\_\_  
Bank Account Number

(Your bank account number may have fewer digits than the number of spaces provided.)