McNeil&Co.

INDEPENDENT CONTRACTOR ACCIDENT INSURANCE MONTHLY PREMIUM STATEMENT

Make Check Payable & Remit to:
McNeil & Company
P.O. Box 5670
Cortland, NY 13045
Phone: (800) 822-3747

Newspaper Name: _____ Month of: _____ Year: _____

City: _____ State: _____

Carrier Insurance Plan(s)

	# of Carriers	MONTHLY Premium Rate	MONTHLY Premium Due
1. Total No. of Eligible Newspaper Carriers			
2. Number Insured for 24 Hr.	@	$ /month	
3. Total Amount Due			
4. Grand Total Monthly Premium			

INSTRUCTIONS

Item 1. Enter the TOTAL number of carriers eligible for insurance under each section.
Item 2. Enter the number of carriers insured under the 24 Hr plan and multiply the monthly premium rate for each carrier to calculate the amount due.
Item 4. Enter the TOTAL premium due for the month. (Item 5+10=11)