





**Bill To:**  
BOWIE FIRE DISTRICT/WARRANT  
PO Box 241  
Bowie, AZ 85605-0241

**Customer Number: 11482775**

**Workers' Compensation Insurance Premium Bill - FINAL AUDIT**  
For **Policy Number R2WC465100** as of 10/21/2024

**Policy Cost:** \$ 3,387.00  
**Billing Fees:** \$ 0.00  
**Total Payments:** \$(3,187.00)  
**Account Balance:** \$ 200.00

**Policy Period:** 07/01/2023 - 07/01/2024  
**Carrier:** AmGUARD Insurance Company  
**Agent:** HILL & USHER INSURANCE &  
602-956-4220

**Failure to pay by the due date may result in cancellation of your in-force policy, R2WC580617.**

Final Audit Premium \$ 200.00  
**AMOUNT DUE 11/21/2024** \$ 200.00

*Pd  
10-24-24  
#1018  
200.00*

**► Please see Important Messages on the back of this bill. ◀**

**Make your check payable to AmGUARD Insurance Company and remit with the coupon below.**

**Policy Number: R2WC465100**

**Customer Number: 11482775**

BOWIE FIRE DISTRICT/WARRANT  
PO Box 241  
Bowie, AZ 85605-0241

**IMPORTANT MESSAGES**

- **SELF SERVICE IS AVAILABLE 24/7** on our *Policyholder Service Center* available from <https://policyholder.guard.com> or our BHGUARD mobile app.
- **TO PAY YOUR BILL ONLINE OR ENROLL IN OUR DIRECT DRAFT PROGRAM:** Log in at <https://policyholder.guard.com> and click "Billing & Payments" or from guard.com go to "Policyholders" and click Online Payments. **Easiest way to pay your bill - try our BHGUARD mobile app!**
- **GO GREEN!** You can save time and trees by opting to receive your policy documents from us electronically on our *Policyholder Service Center*: <https://policyholder.guard.com>. Within your Account Summary on the home page, click the "Go Green" button. Or use our BHGUARD mobile app and select "Go Green" on the Policy Details screen.
- **Failure to pay by the due date may result in cancellation of your in-force policy, R2WC580617.**
- Questions? Call our Customer Service Representatives at 800-673-2465, or e-mail [csr@GUARD.com](mailto:csr@GUARD.com). Or login to the Policyholder Service Center at <https://policyholder.guard.com> and **chat with a representative**. Please provide the **Policy Number** or **Customer Number** shown at the top of this page when you call.

<b>Register for our Policyholder Service Center at <a href="http://www.guard.com/pscregister/">www.guard.com/pscregister/</a> or download the BHGUARD app today!</b>	Download the BHGUARD app			
	<b>POLICYHOLDER SERVICE CENTER</b>			

POLICY COST DETAIL			PAYMENT DETAIL		
Date	Transaction	Amount	Date	Check #	Amount
06/23/2023	Beginning Premium	\$ 2,914.00	06/23/2023	DIRECTDRAFT	\$ 2,914.00
09/09/2023	Endorsement	\$ 273.00	10/11/2023	0001201053	\$ 273.00
08/20/2024	Final Audit	\$ 6,374.00		<b>Total</b>	<b>\$ 3,187.00</b>
10/21/2024	Revised Final Audit	<u>\$(6,174.00)</u>			
	<b>Total</b>	<b>\$ 3,387.00</b>			