The Premier
A Travelers Company

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 payment in a Agent Express envelope.
Be sure to write policy number and insured's name on check. **DO NOT STAPLE**

CHECK ONE:

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:_____