

MYCO INSURANCE SERVICES

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To:

INVOICE

INVOICE #

Date:

DESCRIPTION	AMOUNT
Insured:	
Property:	
Policy#:	
Insurer:	
Policy period:	
Total Amount Due:	

Make all checks payable to SAFECO INSURANCE

Mail the check and copy of the invoice to:

**Safeco Insurance
PO BOX 91017
Chicago, IL 60680**