

INSURANCE PREMIUM LEDGER

FISCAL YEAR: 20____

POLICY HOLDER

VEHICLE / VIN

INSURANCE PROVIDER

POLICY NUMBER

RENEWAL DATE

AGENT CONTACT

DUE DATE	INSTALLMENT DESCRIPTION	PREMIUM AMT	DATE PAID	PAID AMT	REFERENCE / AUTH #	STATUS
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DUE DATE	INSTALLMENT DESCRIPTION	PREMIUM AMT	DATE PAID	PAID AMT	REFERENCE / AUTH #	STATUS
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ANNUAL TOTALS:

NOTES / CLAIMS HISTORY TRACKING