ONLINE PAYMENT

- Payment can only be made when there is an open invoice.

- Policy and Invoice Number required.

- If you elect to pay for your Commercial Renewal on the web, you automatically accept the offer for “Terrorism Coverage” as explained in the notice “Terrorism Coverage Disclosure Notice 2.”
STEP #1 - CLICK ONLINE PAYMENTS

The Massachusetts Property Insurance Underwriting Association (MPIUA) also known as the Massachusetts FAIR Plan (Fair Access to Insurance Requirements) provides basic property insurance on eligible property for applicants who have been unable to gain insurance through the voluntary market. MPIUA offers coverage for Residential, Commercial, and Mobile Home and Commercial Property programs as approved by the Massachusetts Division of Insurance.

Special Notices
- Revised Procedure for Immediate Coverage and Enforcement Request
- Capital Priority Inquiry
- Preventing Winter Freeze-Ups

New Service Enhancements
- Introducing DP 02 and 03 Dwelling Policies
- Fill-In a Print Forms
- Change Mortgage Online
- New Purchase Immediate Coverage Procedure
- Mandatory Percentage Windstorm or Hail Deductible
- Immediate Coverage - Tax IC Invoice
- Premium Installment Program Service Fee Increase

Producer Resources
- Download the Latest Changes
- Seminars for Producers
Insured's Name: **JOHN DOE**

<table>
<thead>
<tr>
<th>Date Billed</th>
<th>New Balance</th>
<th>Minimum Due</th>
<th>Due Date</th>
<th>Amount Enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/01/05</td>
<td>$335.00</td>
<td>$83.75</td>
<td>05/01/05</td>
<td></td>
</tr>
</tbody>
</table>

Please make sure your check is made payable and sent to:

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
PO BOX 9693
MANCHESTER, NH 03108-9693
STEP #3 – ENTER POLICY NUMBER

One-Time Payment

Please enter your banking and payment information below.

Policy Number*: 0012345

Invoice Number*: 

Last Name on Policy*: 

Zip Code of Mailing Address*: 

Payor*: 

Payment Account Type*: □ Checking □ Savings

Name on Bank Account*: 

Bank Routing (ABA) Number*: 

Bank Account (DDA) Number*: 

Payment Date*: 3/28/2005

Payment Amount*: $

* Required field

John Doe
555 Mailing Street
City, State 01234

Policy Number: 0012345-11
Location: 222 Location Street City, State 98765

Any Payor
123 Any Street
Anywhere, State 00000
Pay to the order of __________________________ $ [ ]
For __________________________ $

1. Name on Bank Account.
2. Bank Routing (ABA) Number.

Clear  Continue
STEP #4 – ENTER INVOICE NUMBER

One-Time Payment

Please enter your banking and payment information below.

Policy Number*: 0012345
Invoice Number*: 18
Last Name on Policy*:
Zip Code of Mailing Address*:
Payor*:
Payment Account Type*: Checking
Name on Bank Account*:
Bank Routing (ABA) Number*:
Bank Account (DDA) Number*:
Payment Date*: 3/28/2005
Payment Amount*: $

* Required field

WHERE TO FIND THE POLICY AND INVOICE NUMBER
Insured’s Name and Mailing Address:

JOHN DOE
555 MAILING STREET
CITY, STATE 01234

Policy Number: 0012345-18
Location: 222 LOCATION STREET CITY, STATE 06785

PAY TO THE ORDER OF ________________________________ $ ______________________
For ________________________________ 101

1. Name on Bank Account.
2. Bank Routing (ABA) Number.
STEP #5 – ENTER INSURED’S LAST NAME ON POLICY

One-Time Payment

Please enter your banking and payment information below.

Policy Number*: 0012345
Invoice Number*: 18
Last Name on Policy*: Doe
Zip Code of Mailing Address*: 
Payor*: 
Payment Account Type*: C Checking C Savings
Name on Bank Account*: 
Bank Routing (ABA) Number*: 
Bank Account (DDA) Number*: 
Payment Date*: 3/26/2005
Payment Amount*: $ 

* Required Field

Where to Find the Policy and Invoice Numbers on your invoice:
Insured’s Name and Mailing Address:
John Doe
555 Mailing Street
City, State 01234

Policy Number: 0012345
Invoice Number: 18
Location: 222 Location Street, City, State 06705

1. Name on Bank Account.
2. Bank Routing (ABA) Number.
STEP #6 – ENTER ZIP CODE OF MAILING ADDRESS

One-Time Payment

Please enter your banking and payment information below.

Policy Number*: 0012345
Invoice Number*: 18
Last Name on Policy*: DOE
Zip Code of Mailing Address*: 01234

Payment Date*: 3/28/2005
Payment Amount*: $

* Required Field

Where to find the Policy and Invoice Numbers on your invoice:
Insured’s Name and Mailing Address

Policy Number: 0012345-18
Location: 222 LOCATION STREET CITY, STATE 01234

1. Name on Bank Account.
2. Bank Routing (ABA) Number.
STEP #7 – SELECT PAYOR

One-Time Payment

Please enter your banking and payment information below.

Policy Number*: 0012345
Invoice Number*: 18
Last Name on Policy*: DOE
Zip Code of Mailing Address*: 01234

Payment Account Type*:Insured

* Required field

Where to find the Policy and Invoice Numbers on your invoice:

Insured’s Name and Mailing Address

John Doe
555 Mailing Street
City, State

Policy Number: 0012345-18
Location: 222 LOCATION STREET CITY, STATE

NOTE: AGENT CANNOT AUTHORIZE INTERNET INITIATED PAYMENT ON BEHALF OF THE INSURED.

SELECT PAYOR TYPE FROM DROP DOWN SELECTION LIST

1. Name on Bank Account.
2. Bank Routing (ABA) Number.

Clear Continue
STEP #8 – SELECT PAYMENT ACCOUNT TYPE

One-Time Payment

Please enter your banking and payment information below.

Policy Number*: 0012345
Invoice Number*: 18
Last Name on Policy*: DOE
Zip Code of Mailing Address*: 01234

Payer*: Insured
Payment Account Type*:
- Checking
- Savings

Name on Bank Account*:
Bank Routing (ABA) Number*:
Bank Account (DDA) Number*:

Payment Date*: 3/28/2005
Payment Amount*:

* Required field

Where to Find the Policy and Invoice Numbers on your invoice:
Insured's Name and Mailing Address

JOHN DOE
555 Mailing Street
City, State 07655
Location: 222 Location Street City, State 98765

1. Name on Bank Account.
2. Bank Routing (ABA) Number.

Clear  Continue
STEP #9– ENTER NAME ON BANK ACCOUNT

One-Time Payment

Please enter your banking and payment information below.

- Policy Number*: 0012345
- Invoice Number*: 18
- Last Name on Policy*: DOE
- Zip Code of Mailing Address*: 01234
- Payor*: Insured
- Bank Account Type*: Checking/Savings
- Name on Bank Account*: Any Payor
- Bank Routing (ABA) Number*: 
- Bank Account (DDA) Number*: 
- Payment Date*: 3/26/2005
- Payment Amount*: $ 

* Required field

Where to find the Policy and Invoice Numbers on your invoice:
Insured's Name and Mailing Address

JOHN DOE
555 MAILING STREET
CITY, STATE 01234

Policy Number
Location: 222 LOCATION STREET CITY, STATE 98765

ENTER NAME ON BANK ACCOUNT

Any Payor 1
123 Any Street Date 
Anywhere, State 00000
Pay to the Order of $ 
For 

1. Name on Bank Account.
2. Bank Routing (ABA) Number.
STEP #10 – ENTER BANK ROUTING (ABA) NUMBER

One-Time Payment

Please enter your banking and payment information below.

Policy Number*: 0012345
Invoice Number*: 18
Last Name on Policy*: DOE
Zip Code of Mailing Address*: 01234
Payor*: Insured
Payment Account Type*: Checking

Name on Bank Account*: DOE
Bank Routing (ABA) Number*: 123456789
Bank Account (DDA) Number*

Where to find the Policy and Invoice Numbers on your invoice:
Insured's Name and Mailing Address

JOHN DOE
555 MAILING STREET
CITY, STATE 01234

Policy Number 0012345-18
Location: 222 LOCATION STREET CITY, STATE 01234

Any Payor 123456789
Pay to the order of
1. Name on Bank Account.
2. Bank Routing (ABA) Number.

Clear  Continue
STEP #11 – ENTER BANK ACCOUNT (DDA) NUMBER

One-Time Payment

Please enter your banking and payment information below.

Policy Number*: 0012345
Invoice Number*: 18
Last Name on Policy*: DOE
Zip Code of Mailing Address*: 01234
Payor*: Insured
Payment Account Type*: Checking
Name on Bank Account*: Any Payor
Bank Routing (ABA) Number*: 123456789
Bank Account (DDA) Number*: 1234567

Where to find the Policy and Invoice Numbers on your invoice:
Insured's Name and Mailing Address

JOHN DOE
555 MAILING STREET
CITY, STATE 01234

Policy Number
Invoice Number
Location: 222 LOCATION STREET CITY, STATE 98765

1. Name on Bank Account.
2. Bank Routing (ABA) Number.
STEP #12 – ENTER PAYMENT AMOUNT

One-Time Payment

Please enter your banking and payment information below.

Policy Number*: 0012345
Invoice Number*: 18
Last Name on Policy*: DOE
Zip Code of Mailing Address*: 01234
Payor*: Insured
Payment Account Type*: Checking
Name on Bank Account*: Any Payor
Bank Routing (ABA) Number*: 123456789
Bank Account (DDA) Number*: 1234567

Payment Date*: 3/26/2005
Payment Amount*: $335.00

* Required field

NOTE: PAYMENT AMOUNT CANNOT BE LESS THAN THE MINIMUM AMOUNT DUE.
STEP #13 – CLICK CONTINUE

One-Time Payment

Please enter your banking and payment information below.

Policy Number*: 0012345
Invoice Number*: 18
Last Name on Policy*: DOE
Zip Code of Mailing Address*: 01234
Payer*: Insured
Payment Account Type*: • Checking □ Savings
Name on Bank Account*: Any Payor
Bank Routing (ABA) Number*: 123456789
Bank Account (DDA) Number*: 1234567

Payment Date*: 3/28/2005
Payment Amount*: $335.00

* Required field

Where to find the Policy and Invoice Numbers on your invoice:
Insured’s Name and Mailing Address

JOHN DOE
555 MAILING STREET
CITY, STATE 01234

Policy Number 0012345 18
Invoice Number
Location: 222 LOCATION STREET CITY, STATE 90765

1. Name on Bank Account.
2. Bank Routing (ABA) Number.

CLICK “CONTINUE”
STEP #14 – RE-ENTER YOUR BANK ACCOUNT (DDA) NUMBER

One-Time Payment

Please re-enter your Bank Account (DDA) Number*: 1234567

* Required field

I authorize MPIUA to initiate, and my financial institution to honor, an electronic payment in the amount of $106.50 from my bank account. I understand that this is a one-time authorization and must be completed each time I wish to make a payment.

To complete your payment, select Authorize below. Once you authorize a payment there cannot be any changes, corrections, or cancellations. A screen will appear with your confirmation number and you can print it for your records.

When we receive your request to process your payment electronically, it is possible that the funds will be withdrawn from your account on the same business day in which you authorize.

Click only once

Authorize  Decline
STEP #15 – AUTHORIZE PAYMENT

One-Time Payment

Please re-enter your Bank Account (DDA) Number*: 1234567

* Required field

I authorize MPIUA to initiate, and my financial institution to honor, an electronic payment in the amount of $106.50 from my bank account. I understand that this is a one-time authorization and must be completed each time I wish to make a payment.

To complete your payment, select Authorize below. Once you authorize a payment there cannot be any changes, corrections, or cancellations. A screen will appear with your confirmation number and you can print it for your records.

When we receive your request to process your payment electronically, it is possible that the funds will be withdrawn from your account on the same business day in which you authorize.

NOTE: AGENT CANNOT AUTHORIZE INTERNET INITIATED PAYMENT ON BEHALF OF THE INSURED.
STEP #16 – PRINT CONFIRMATION

One-Time Payment Confirmation

Thank you! Your payment in the amount of $335.00 was submitted on 3/28/2005 2:34:20 PM for policy number 85. Your confirmation number is 85.

Please print a copy of this page for your records.

Continue
Exit

NOTE CONFIRMATION NUMBER AND CLICK “print a copy of this page” FOR YOUR RECORDS.
STEP #17 – CLICK “CONTINUE” OR “EXIT”

One-Time Payment Confirmation

Thank you! Your payment in the amount of $335.00 was submitted on 3/28/2005 2:34:20 PM for policy number [redacted]. Your confirmation number is 85.
Please print a copy of this page for your records.

CLICK “Continue” TO RETURN TO THE “One-Time Payment” SCREEN or “Exit” TO RETURN TO THE MPIUA HOME PAGE