



STOP LOSS PREMIUM REMITTANCE FORM

Company	Carrier	Policy #
Policy year MM-DD-YY	through MM-DD-YY	Month Due MM-DD-YY

COVERAGE	CLASS DESCRIPTION	CURRENT MONTH ADJUSTMENTS	PRIOR MONTH ADJUSTMENTS	X	RATE	PREMIUM DUE
Specific	Single			X		
Specific	Family			X		
Aggregate	Composite			X		

Total Premium Remitted: \$ _____

PREMIUM PAYMENTS ARE DUE THE 1ST DAY OF THE COVERAGE MONTH.

PLEASE INCLUDE A COPY OF THIS FORM WITH EACH MONTHLY PREMIUM PAYMENT.

Or e-mail to: premium@evolutionrisk.com

Your premium checks should be made payable to: **Evolution Risk Partners, LLC**

Your check/wire/ACH representing full monthly premium along with the remittance form should be sent to:

Regular or Overnight Mail:

Evolution Risk Partners, LLC
 3501 N Southport Avenue #194
 Chicago, IL 60657

Wire Instructions:

Evolution Risk Partners, LLC
 JP Morgan Chase Bank, N.A.
 Bank Account # Ask for current account number
 ABA # 071000013