



Evolution Risk Partners, LLC
 909 Davis Street, Suite 500
 Evanston, IL 60201

Monthly Premium Reporting and Remittance Form

Policyholder: _____ Policy No: _____
 Carrier: _____ Effective Date: _____ Prem Month: _____

Coverage	Lives	Adjustments	Rates	Premium Due	Totals
Specific					
EE Only	0	0	\$0.00	\$0.00	
EE + 1	0	0	\$0.00	\$0.00	
EE + SP	0	0	\$0.00	\$0.00	
EE + CH	0	0	\$0.00	\$0.00	
Family	0	0	\$0.00	\$0.00	\$0.00
Composite	0	0	\$0.00	\$0.00	\$0.00
Aggregate					
Composite	0	0	\$0.00	\$0.00	\$0.00
Accommodation	0	0	\$0.00	\$0.00	\$0.00
Terminal Liability	0	0	\$0.00	\$0.00	\$0.00
Total Premium Due:					\$0.00

Make checks payable to: **Evolution Risk Partners, LLC**
 Mail this form with premium to: Evolution Risk Partners, LLC
 P.O. Box 736357
 Dallas, TX 75373-6357

Wire/ACH Instructions:			
Bank Account Name:	Evolution Risk Partners, LLC	Bank Name:	JP Morgan Chase Bank, N.A.
Bank Account #:	320159095	Bank Address:	990 River Drive, Glenview, IL 60025
ABA #:	071000013	Bank Telephone:	(847) 998-5408

Premium payments
 Please include a copy of this form with each monthly premium payment, or email to: premium@evolutionrisk.com