



Insured Name: \_\_\_\_\_

Insured Address: \_\_\_\_\_  
Street City State Zip

Policy Effective Date: \_\_\_\_\_

Policyholder Selection	Payment Plans and Installments	Payment Plan Details	Installment Fees	Late Fees
<input type="checkbox"/>	Annual Pay	Full annual premium. Annual premiums of \$1,000 or less require full annual payment. Annual audit.	\$0.00 per Installment	\$25 Late Fee
<input type="checkbox"/>	Quarterly Payment	Available for premiums over \$1,000. 25% down plus Expense Constant. Three equal payments. Annual Audit.	\$0.00 per Installment	\$25 Late Fee
<input type="checkbox"/>	Monthly Payment	Available for premiums over \$1,000. 25% down plus Expense Constant. Ten equal payments. Annual Audit.	\$0.00 per Installment	\$25 Late Fee
<input type="checkbox"/>	Twelve Equal Payments	Available for premiums over \$25,000 (subject to Underwriting approval).	\$0.00 per Installment	\$25 Late Fee
<input type="checkbox"/>	Monthly Self Reporting	Available for premiums over \$2,500. 25% down plus Expense Constant. Down payment held in escrow against termination. Escrow deposit may be returned to policyholder after five continuous years of coverage (subject to company discretion). Policyholder receives monthly self audit worksheet to calculate payment and submit premium.	\$0.00 per Installment	\$25 Late Fee
<input type="checkbox"/>	Monthly Payment for Accounts in Excess of \$10,000 Annual Premium	Available for premiums over \$10,000. 10% down plus Expense Constant. Ten equal payments. Annual Audit.	\$0.00 per Installment	\$25 Late Fee
<input type="checkbox"/>	Monthly Self Reporting for Accounts in Excess of \$10,000 Annual Premium	Available for premiums over \$10,000. 10% down plus Expense Constant. Down payment held in escrow against termination. Escrow deposit may be returned to policyholder after five continuous years of coverage (subject to company discretion). Policyholder receives monthly self audit worksheet to calculate payment and submit premium.	\$0.00 per Installment	\$25 Late Fee

**The deposit premium is due within 10 days of the effective date of the policy. Payments submitted after the installment due date will result in a \$25 late fee. Failure to pay premium that is due will result in cancellation of the policy. We now accept credit cards: Visa, MasterCard, Discover, and American Express by calling (855-228-4931). By signing below I affirm that I am aware of late fees associated with the billing of my insurance policy.**

**Policyholder Signature** \_\_\_\_\_ **Date** \_\_\_\_\_