

Page 1 of 2
Please answer all questions on page 2
PREMIUM FINANCE REQUEST FORM

Name of Agency: _____
 Agency Code (if known): _____
 City/State: _____
 Requested By: _____
 Phone #: _____
 Fax #: _____
 Date: _____

First Named Insured: _____
 Additional Insured: _____
 Address (if PO Box provide street address): _____
 Street Address of Business: _____
 City/State/Zip: _____
 Telephone #: _____
 FEIN: _____
 (if sole proprietor, SSN & DOB required in lieu of FEIN)

Requestor E-mail Address: _____

Renewal for National Partners

Renewal for Agency

Schedule of Policies

Insurance Company With City/State	Intermediary or MGA (if Applicable) with City/State	Policy Effective Date	Policy #	Type of Coverage	Subject to Audit Y/N	Additional Cancel notice Days*	Min Earned Premium (amt.) or %	Policy Term in Mos.	Premium	Fully Earned Fees & Taxes	Refundable/ Financeable Fees & Taxes

*If policy(s) is cancelled by client or finance company, will the insurance company honor the requested cancel date or will additional notice days be added and if so how many?

Totals:

Special Requests:

Number of Payments: _____

Anticipated Proposal Date to insured: _____

Down Payment: _____

APR: _____

Grand Total:

Please Print form and Fax To: 720-930-4341

or select Email Form



Name of Agency: _____

First Named Insured: _____

	YES	NO	EXPLANATION (for all YES answers, please provide explanation)
Insured – Is the first named insured,			
1. Contemplating, or in, Bankruptcy or receivership?			

Policies – Are any of the Policies,			(please advise which policy each explanation applies to)
2. Fully earned or non-cancellable prior to expiration due to any event or passage of time, i.e. D&O, Builder's Risk, etc.?			
4. Assigned risk?			
5. On direct bill with carrier?			
6. Written on a reporting form basis?			
7. Part of a Master Policy?			
8. Retrospectively rated or loss sensitive?			
9. Subject to Federal Excise Taxes?			