



FINANCE AGREEMENT REQUEST FOR THE FOLLOWING ADDITIONAL PREMIUM:

Agency: _____

IPF Acct #: _____

Named Insured: _____

	POLICY 1	POLICY 2	POLICY 3
POLICY NUMBER			
EFFECTIVE DATE OF ENDORSEMENT			
INSURANCE COMPANY			
GENERAL AGENT			
COVERAGE TYPE			
Additional Premium			
DOWN PAYMENT* (see requirements Below)			
AMOUNT FINANCED			

****SIGNATURE:** _____

*DOWN PAYMENT REQUIREMENTS: 0-30 days: collect 30% 31-60 days: collect 40% over 60 days: collect 50%
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Notes to IPF: _____