



PO Box 1827
Eau Claire WI 54702
800-843-7788
Fax: 715-836-9196
www.pfcins.com

Contract Request

Agent Info

Agency Name: _____

Agency Location: _____

Agent Name: _____

Agent E-Mail: _____

Insured Info

Insured's Name: _____

Insured's Address: _____

Insured's City _____

State: _____ Zip: _____

Insured's E-mail: _____

Policy Info

Company Name: _____

General Agency/Broker: _____

Effective Date: _____

Policy #: _____

Type of Policy: _____

Premium Amount: _____

Policy Fee: _____

Surplus Lines Tax: _____

Min Earned (%) _____

State Fillings: Yes _____ No _____

Annual Policy: Yes _____ No _____

Payment Option: 3 month _____ 6 month _____ 9 month _____ Quarterly _____

Does the insured have more than 1 policy that needs financing? Yes _____ No _____

For a Finance Agreement, return completed form to:
pfcquotes@pfcins.com Fax: 1-715-836-9196

Online quoting available at:
www.pfcins.com