



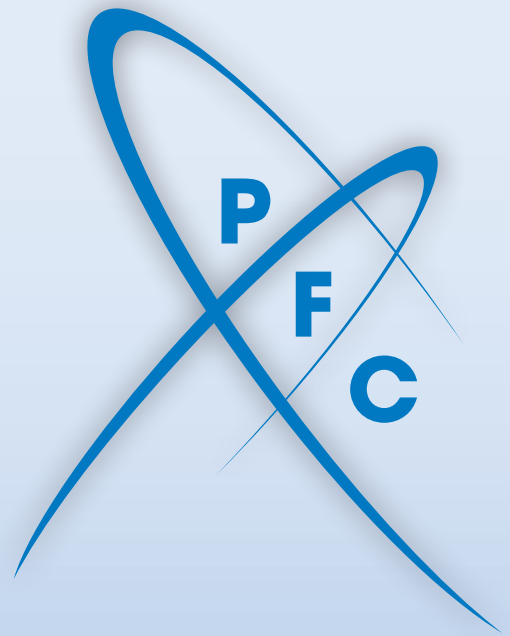
PO Box 1827  
Eau Claire WI 54702

Website: [www.pfcins.com](http://www.pfcins.com)

715-836-7755 (Office)  
800-843-7788 (Toll Free)  
715-836-9196 (Fax)

E-mail: [info@pfcins.com](mailto:info@pfcins.com)

Premium Finance Corporation was formed in 1982. In 1999 Premium Finance Corporation joined the R.W. Scobie Group.



**PREMIUM FINANCE**  
CORPORATION

*Experienced  
Insurance Premium  
Financing with  
Quality Service*

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## Take the Work out of Financing Insurance Premiums

You can help your customers purchase the insurance they need by offering the flexible, competitive premium financing services of Premium Finance Corporation.

- \* Instant Online Quoting
- \* Fast Financing Turnaround
- \* Monthly or Quarterly Payment Options
- \* Online Payment Available

## Experienced Premium Financing

We work with thousands of Insurance agents, general agents and companies throughout the United States. We have earned a reputation for quality service that comes with experience and a thorough understanding of the insurance market. We provide immediate response to all of your premium financing needs.

## Maximum Service with Minimum Paperwork

We make it easy for you and your customers to finance with us!! Simply E-mail, Fax or Call us to request a Finance Agreement. Once the agreement is signed return it back to us along with the down payment and We'll take care of the rest!!

We will remit the financing to either you or the broker within 7-14 days after receiving the signed agreement or the policy's effective date, whichever is later.

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## Online Access

In an effort to provide the highest level of service possible we now offer a more enhanced Web Site and Online Access.

### As an agent you are able to:

- \* Obtain Instant Finance Agreements
- \* View Pending Finance Agreements
- \* View Insureds Accounts in Real Time
- \* Reprint Notices

### Insureds are now able to:

- \* View Account in Real Time
- \* Make Payments Online
- \* EFT/Auto Pay Options
- \* Reprint Payment Coupons
- \* View Payment History

To learn more about how Premium Finance Corporation can help you and your insureds, Visit our website  
[www.pfcins.com](http://www.pfcins.com) or  
call 1-800-843-7788.

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# PFC Finance Contract

## 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

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

For a Finance Agreement, return completed form to:

[pfcquotes@pfcins.com](mailto:pfcquotes@pfcins.com)

Fax: 1-715-836-9196

**AUTHORIZATION AGREEMENT FOR ELECTRONIC TRANSFER OF FUNDS (ACH Debits)**

I (we) hereby authorize Premium Finance Corporation to initiate debit entries to the bank and account listed below. This authorization is to remain in full force and effect until such time as Premium Finance Corporation receives written notification from me (us) of the termination of this contract in such time and manner as to afford Premium Finance Corporation and the banks involved a reasonable opportunity to act on it. The undersign represents and warrants that he/she is an authorized representative of the proposed insured and can bind it to the terms contained herein. I (we) are aware that the payment may be withdrawn from the account listed below up to 2 days prior to the actual payment due date. I (we) are aware if funds are not available for the payment from account listed below and Premium Finance Corporation is notified of Non Sufficient Funds I (we) are aware we will be assessed a Non Sufficient Funds Fee. **I (we) have attached a copy of a VOIDED check for the account listed below**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Print Name of Signer: \_\_\_\_\_

Insured/ Business Name: \_\_\_\_\_ Insured's PFC Account #: \_\_\_\_\_

Insured Phone Number: \_\_\_\_\_

Insured E-mail Address: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

**A copy of a Voided Check or the Down Payment Check MUST be Attached**

**PLEASE CHECK ONE OF THE FOLLOWING:**

\_\_\_ Please debit my (our) account with an electronic funds transfer for this ONE TIME ONLY payment of \$\_\_\_\_\_. \_\_\_ on \_\_\_\_\_ day of the month

\_\_\_ Please set my (our) account up for electronic transfer debits each month for my monthly payments of \$\_\_\_\_\_. \_\_\_ on \_\_\_\_\_ day of the month