
INFORMATION FORM

FAX

TO: U.S. INSURANCE FUNDING, FAX: 713-777-9786
FROM:
RE: INFO FOR PREMIUM FINANCE SECURITY AGREEMENT

INSURED'S INFORMATION

BUSINESS NAME _____

2ND POLICY:

BUSINESS ADDRESS _____

MGA NAME (Underwriter/General Agent):

CITY, STATE, ZIP _____

CARRIER'S NAME (Insurance Company):

BUSINESS PHONE _____

EFFECTIVE DATE _____

MAILING ADDRESS (If Different From Above):

COVERAGE (G/L, PKG, ETC) _____

OWNER'S NAME & PHONE/CELL _____

BASE PREMIUM _____

EMAIL _____

FIN TAX/FEE (State Tax + Stamping Fee) _____

FAX NUMBER _____

EARNED TAX/FEE (Policy + Inspection Fee) _____

1ST POLICY:

MGA NAME (Underwriter/General Agent):

TOTAL DOWN PAYMENT _____

CARRIER'S NAME (Insurance Company):

NUMBER OF PAYMENTS _____

EFFECTIVE DATE _____

BROKER'S FEE _____

BASE PREMIUM _____

POLICY NUMBER _____

FIN TAX/FEE (State Tax + Stamping Fee) _____

TOTAL PREMIUM _____

EARNED TAX/FEE (Policy + Inspection Fee) _____

POLICY NUMBER _____

COVERAGE (G/L, PKG ETC) _____
