

Insurance Premium Financing Agreement

Date: [Insert Date]

To:

[Insured's Full Name]

[Insured's Address]

[City, State, Zip Code]

Dear [Insured's Name],

We are pleased to offer you this Insurance Premium Financing Agreement. This agreement outlines the terms and conditions under which we will finance the insurance premium for the policy listed below:

Policy Details

Insurance Company: [Insert Insurance Company Name]

Policy Number: [Insert Policy Number]

Total Premium Amount: \$[Insert Amount]

Financing Terms

Amount Financed: \$[Insert Amount]

Interest Rate: [Insert Interest Rate]% per annum

Term: [Insert Number of Months]

Monthly Payment: \$[Insert Monthly Payment Amount]

Conditions

1. Payments are due on the [Insert Payment Due Date] of each month.
2. Late payments may incur fees as detailed in the attached schedule.
3. This agreement is subject to credit approval.

Please sign below to accept these terms and return a signed copy to us.

[Insured's Full Name]

Thank you for choosing us for your premium financing needs.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Contact Information]