

DOWN PAYMENT BILLING STATEMENT

Administered by BankDirect Capital Finance

Notice Date:
Agent Name:
Policy Number:
Effective Date:
Policy Type:
#:

Payment Due Date: IMMEDIATELY
Total Amount Due:

Step 1: In order to bind coverage you must pay the DOWN PAYMENT amount listed above IMMEDIATELY to PREVENT CANCELLATION OF COVERAGE.
Please select one of the following 3 payment methods:

1) PAY ONLINE PAYMENT METHOD: For the Down Payment ONLY.

<https://ssl.selectpayment.com/cpp/AllComp/QuickPay.aspx>

Go to the above link and follow the simple on screen instructions

2) PAY BY FAX METHOD:

Fax a SIGNED COPY of your VOIDED DOWN PAYMENT CHECK to 877-678-2235

3) PAY BY CHECK METHOD:

Mail your SIGNED DOWN PAYMENT CHECK to: BankDirect Capital Finance
1010 Franklin Ave, Ste 406
Garden City, NY 11530

Step 2: The following page contains the INSTALLMENT AGREEMENT.
The AGREEMENT MUST BE SIGNED and SUBMITTED for the billing option.
If you do not submit the signed agreement you must pay in full.
Please select one of the following 2 submission methods:

1) SUBMIT BY EMAIL METHOD:

Scan and email a SIGNED COPY of your INSTALLMENT AGREEMENT to allcomp@bankdirectcapital.com

2) SUBMIT BY FAX METHOD:

Fax a SIGNED COPY of your INSTALLMENT AGREEMENT to 877-678-2235

PLEASE NOTE - While the loan is interest free, there is a per installment fee.

Questions? Please email allcomp@bankdirectcapital.com or call 877-226-5456 ex 2025.



1010 Franklin Avenue
Suite 406
Garden City, New York 11530
Phone 877-226-5456 Fax: 877-678-2235

Quote Number: _____

COMMERCIAL INSURANCE PREMIUM FINANCE AND SECURITY AGREEMENT

This is an agreement between you and BankDirect Capital Finance, a division of Texas Capital Bank, N.A., ("BankDirect") concerning the financing of the premium(s) for one or more commercial insurance policies. The terms of this agreement are stated below.

Insured Name and Address of (Exactly as shown on Policy) ("Insured")

Telephone Number:

FEIN or SSN NO:

Agent Name and Address (of Insured's "Agent")

Telephone Number:

Policies are listed on the attached Schedule

TOTAL PREMIUMS	DOWN PAYMENT	UNPAID BALANCE	DOC. STAMP TAX Applicable in Florida only.	AMOUNT FINANCED Amount of Credit provided to you or on your behalf.	INSTALLMENT FEE *This fee will be added to each Payment and is not included in the Amount of Payments

Payment Schedule:

Your payment
schedule will be:

Number of Payments	Amount of Payments*	When Payments are Due	
		First Due Date	Due Date

Subsequent payments are due on the same day of each succeeding month.

By choosing the installment option, the Insured assigns to BankDirect as security for the total amount payable hereunder, all sums payable to the Insured under the above-described Policy(ies), including, among other things, any gross unearned premiums, dividend payments and any payment on account of any loss which results in the reduction of unearned premiums in accordance with the terms of the above-described Policy. In the Event of Default, Insured hereby irrevocably appoints BankDirect as its attorney-in-fact and grants to BankDirect the authority to cancel the above-described Policy or Policies, to receive any unearned premium or other amounts with respect to such Policy or Policies, and assign any check or draft, or issue therefore in Insured's name, and to direct insurance companies to make said check or draft payable to BankDirect. Insured agrees that this authority to effect cancellation of the Policy cannot be revoked and will terminate only after Insured's obligations under the Agreement are paid in full. An Event of Default occurs when 1) the Insured fails to pay any installment according to the terms of this Agreement, 2) the Insured fails to comply with any of the terms of this Agreement, 3) any of the Policies are cancelled for any reason, 4) Insured or its insurance companies are insolvent or involved in a bankrupt or similar proceeding as debtor, 5) premiums increase under the Policies and Insured fails to pay such increased premiums within thirty (30) days of notification of same, or 6) Insured is in default of any other obligations with BankDirect. In the event of a default, and after notices as required by law, all amounts due under this Agreement shall become immediately due and payable, and the Insured is liable for all amounts ascribed therein. **Delinquency Charge:** A delinquency charge will be assessed as allowed by applicable law on any payment not received by BankDirect within five (5) days of its due date, unless a longer period is specified under applicable law. **Cancellation Charge:** If a default results in cancellation of a policy, the Insured agrees to pay a cancellation charge in the maximum amount permitted by applicable law.

IMPORTANT INFORMATION ABOUT YOUR ACCOUNT: To help the Federal government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person or entity that opens an account with the financial institution, including any extension of credit or other financial services product. We will require such information as we deem reasonably necessary to allow us to properly identify you, such as your name, address, FEIN or SSN.

1. DO NOT SIGN THIS AGREEMENT UNTIL YOU READ THE AGREEMENT AND FILL IN ANY BLANKS 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT AT THE TIME YOU SIGN IT. 3. YOU UNDERSTAND AND HAVE RECEIVED A COPY OF THIS AGREEMENT. KEEP IT TO PROTECT YOUR LEGAL RIGHTS.

IMPORTANT: You MUST submit this **SIGNED AGREEMENT** and your **DOWN PAYMENT** to BankDirect to sign up for installment billing. If this is not submitted, you must pay your policy in full. Email this signed agreement to:

@bankdirectcapital.com

or fax to **877-678-2235**.

Refer to the previous page for detailed instructions for submitting your down payment.

All Insureds must sign as named in policies. If corporation, authorized officers must sign; if partnership, partner should sign as such; signatory acting in representative capacity represents that all Insureds have authorized this transaction and have authorized signatory to receive all notices hereunder. By signing below each Insured jointly and severally agrees to make all payments required by this Agreement and to be bound by all provisions of this Agreement. You are not required to enter into an insurance premium financing arrangement as a condition to the purchase of any insurance policy.

(Signature of Insured)

(Printed Name & Title)

(Date)

Name of Insured:

Total Premiums:

Schedule of Policies

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY MM/DD/YY	NAME & CITY OF INSURANCE COMPANY AND NAME & CITY OF GENERAL AGENT OR COMPANY OFFICE TO WHICH PREMIUM IS PAID	TYPE OF COVERAGE	POLICIES SUBJECT TO AUDIT (✓)	TERM IN MONTHS COVERED	MIN EARNED PREM	DAYS TO CANCEL	SHORT RATE (✓)	PREMIUM AMOUNTS
									Premium: Policy Fee: Broker Fee: Tax/Stamp: Inspection:
									Premium: Policy Fee: Broker Fee: Tax/Stamp: Inspection:
									Premium: Policy Fee: Broker Fee: Tax/Stamp: Inspection:
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