

PAYMENT POLICY & CONTACT INFORMATION

This Form must be completed in full and returned to the Trust immediately upon binding of policy

Company Name: _____

The Trust Payment Policy is as follows:

- Deposit Premiums for both new and renewal policies are due prior to policy effective date
- All remaining premium installments will be billed monthly and are due within 30 days of the invoice date.
- Audit premiums for expired policies are due within 30 days of the invoice date.
- A one percent (1%) finance charge per month will be applied to all premiums that are not received within 30 days of the invoice date.
- Accounts are subject to cancellation if payment is not received within 30 days of the invoice date.
- In the event of a default in payment, the member will be responsible to pay the cost of collection and reasonable attorney fees.
- For Smart Pay "Pay as you Go" customers, premium is calculated with each payroll and will be paid from a variable withdrawal from the designated bank account via electronic funds transfer. Should regular and timely transfers not be made, the account is subject to cancellation.

Acceptance of the Payment Policy is required of all Trust members. The signature below confirms that you have read and accepted this Payment Policy for the duration of your membership in the Trust.

Name (please print)

Signature

Title

Date

Please provide contact information for the following staff:

Pres/CEO/Exec. Dir.: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Accounting Contact: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Claims Contact: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Insurance Contact: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Loss Control Contact: _____

Title: _____

Phone: _____

Fax: _____

Email: _____