

DEL RIO DISCOUNT CORP.

P.O. BOX 680340
N. MIAMI, FL 33168
DADE: (305) 681-7401 OR 681-3731
FLORIDA WATS: 1-800-397-7401

ADDITIONAL PREMIUM REQUEST

DATE _____

**I
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D** NAME _____
STREET ADDRESS _____
CITY STATE ZIP CODE _____

**A
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T** AGENT'S NAME _____ AGENT'S CODE # _____
OFFICE ADDRESS _____
CITY STATE ZIP CODE _____

POLICY NUMBER	ADD. PREMIUM INCEPTION DATE	TOTAL ADDITIONAL PREMIUM	CASH DOWN PAYMENT	AMOUNT FINANCED	FINANCE CHARGE	
		\$	\$	\$	\$	

NOTICE: The ANNUAL PERCENTAGE RATE (APR) charged on the amount financed above shall be 1% per month.

**C
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Y** NAME _____
STREET ADDRESS _____
CITY STATE ZIP CODE _____

DOWN PAYMENT REQUIREMENTS FOR FINANCING ADDITIONAL PREMIUMS:

35% within 30 days of original policy effective date.
45% within 31 to 60 days of original policy effective date.
55% within 61 to 90 days of original policy effective date.

A COPY OF THE INSURANCE COMPANY ADDITIONAL PREMIUM ENDORSEMENT MUST BE ATTACHED

The undersigned warrants and agrees:

(1) The insurance company named above has requested an Additional Premium on the above policy, (2) the insured hereby requests that Del Rio add this Additional Premium to his Premium Finance Agreement, (3) the insured understands that any remaining unpaid monthly payments will be increased proportionately and that Del Rio will confirm this transaction upon acceptance.

AGENT: PLEASE COMPLETE

INSURED'S
ACCOUNT
NUMBER

INSURED'S SIGNATURE