



CHANGE REQUEST FORM

On _____ your Agency requested a change of the terms associated with the premium financing for:

Insured Name: _____	PREMCO #: _____
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Consistent with paragraph #5 of the Agent/Broker Warranty and Guarantee of Payment Agreement located on page #2 of the Premco finance agreement, Premco will modify the above premium finance quote / contract of your insured based on your request. The following has been requested:

- Modification of the premium finance quote / contract associated with the above insured, which does not meet the standard procedural guidelines of Premco. _____
- To have Premco suspend the cancellation(s) beyond the allowed 3 day postponement period for an additional _____ days after the pending cancellation date of _____ .
IMPORTANT: If this form is not signed and returned within the allowed 3 day postponement period, the account will become eligible for cancellation and our Cancellation Request will be sent if necessary. In the event that the account becomes ineligible for cancellation during the suspension period due to account payments, Premco will terminate this suspension request. Any future suspension requests associated with this contract will require separate approval.

Agreement of Terms:

I agree to the above conditions and understand my obligation to guarantee any deficiency including principal, interest and fees associated with this request. I also understand this is not a guarantee of collection but is a guarantee of payment by the Agent/Agency identified below and does irrevocably and unconditionally guarantee prompt payment.

Agency Name: _____ Date: _____

Principal Name: _____ Signed: _____
(Please Print)

PLEASE NOTE: This form must be signed and returned for any modification(s) to occur.

<i>For PREMCO Use Only</i>		
Received By: _____	Date Sent: _____	Date Received: _____