



Dear Agent and Insured: SIU-Direct will handle all billing and payment processing.

Quote Number: 3297901

Coverage Type: Commercial General Liability

Insured Name & Address: Insured Name
PO Box
Alpharetta, GA 30022

Agency Name and Address: Agent Name
Po Box
Alpharetta, GA 30023

Premium: \$ 3,900.00
Tax: \$ 156.00
Fee: \$ 0.00
Total: \$ 4,056.00

Payment Options – Choose One:

- SIU-Direct** - Pay in Installments
- Agency Bill - Pay in Full (Please disregard this form)
- Agency Bill - Premium Finance (Submit separate PFA)

For the **SIU-Direct** option, the initial Installment of \$ 1,014.00 is due at the time of binding; please make your payment online at <https://insuranceeasypay.siuins.com/> (please enter your confirmation number below) or fill in your Card or Bank Account information below; and the initial and remaining installments will be processed automatically. The remaining balance will be divided into 9 additional installments in the amount of \$ 363.88 (this includes an installment fee) due on the 16th of each month beginning 02/16/2022.

SIU-Direct: Please provide the confirmation number for the payment of the initial installment; or provide your Card or Bank account information. If not provided, the billing for the policy will default to Agency Bill.

InsuranceEasyPay Confirmation Number: _____

(or)

Banking Information: Bank Name _____

Account Number _____ Routing Number _____

(or)

Card Information (Visa, MasterCard or Discover only; a convenience fee may apply)

Card Number																			
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Billing Zip Code _____ Expiration MO/YR _____ CVV Code _____

Agency Signature: _____

Insured Signature _____

(Note: If authorized Agency may sign on behalf of insured In GA, AL & FL)

Date: _____

Please provide copy to insured. TERMS: SIU-DIRECT PREMIUM FINANCE AGREEMENT: SIU-Direct is powered by SIUPREM, Inc. 4500 Mansell Road, Alpharetta, GA 30022. SIU-Direct SIUPREM Account Number 12571867.1. NOTICE: Do not sign this agreement before you read it or if it contains any blank space. You are entitled to a completely filled-in copy of this agreement. Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge. The principal balance (amount after initial installment) is \$ 3,042.00; the total service charge is \$ 232.92; the balance payable by the insured is \$ 3,274.92. The service charge equates to an APR of 18.02%. As authorized by or on behalf of the insured, the insured appoints SIUPREM, Inc. as their true and lawful attorney-in-fact irrevocably with full authority to cancel any or all policies listed in the event of any default in repayment as agreed herein, subject to prior notice, as regulated by the state of jurisdiction, mailed to the last known address by SIUPREM, Inc. of past due payments and of its intent to cancel. Late, Cancel or NSF Fees may be charged as regulated by the state of jurisdiction. If Banking or Card information is supplied, the insured hereby authorizes SIU & SIUPREM to process the installments per the prescribed method according to the payment schedule as outlined above.

