NAME: _____ POLICY NUMBER: _____

FORWARD THIS FORM TO: (name of the person you are sending this form to) _____

PEM BRIDGE™
INSURANCE COMPANY

PREMIUM FINANCING

THE EASIEST AND MOST CONVENIENT WAY TO FINANCE INSURANCE PREMIUMS - SIMPLY COMPLETE THE REVERSE SIDE OF THIS FORM AND RETURN TO PEMBRIDGE

VISA

MasterCard

YOUR PREMIUM IS ADDED TO YOUR VISA OR MASTERCARD ACCOUNT — AS A CONVENIENT METHOD OF PAYMENT

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Authorization to use my

VISA OR MasterCard

VISA Number

VISA Card Expiry Date _____

MasterCard Number

MasterCard Valid Date _____

MasterCard Expiry Date _____

Name _____
(PLEASE PRINT)

Policy Number _____

Premium Amount _____

Date Signed _____ DAY _____ MONTH _____ YEAR

I FURTHER AGREE THAT IN CONSIDERATION FOR PEMBRIDGE PERMITTING ME TO FINANCE MY PREMIUM THROUGH VISA OR MASTERCARD, I HEREBY AGREE THAT PEMBRIDGE MAY RETURN ANY PREMIUMS TO ME BY SIMPLY CREDITING MY VISA OR MASTERCARD ACCOUNT.

X Signature (as it appears on Card)

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