



Commercial Lines Premium Finance Quote Request Form

Named Insured: _____
 Mailing Address: _____
 City, State and Zip Code: _____
 Physical Address (if different): _____
 Phone Number: _____
 Email Address: _____

Agency Name: _____
 Agent Code (if available): _____
 City and State: _____
 Requested By: _____
 Phone Number: _____
 Email Address: _____

Additional Considerations:

1. Is this a renewal for your agency? Yes No
2. Is this Insured currently in receivership or under bankruptcy protection? Yes No
3. Is this a marijuana-related business? Yes No

Schedule of Policies

Insurance Company	MGA or Intermediary (with City/State)	Effective Date	Coverage Type	Policy Number	Policy Term (mos.)	Auditable (Y / N)	Additional Cancel Days*	Min. Earned Premium	Policy Premium	Refundable Taxes and Fees	Fully Earned Fees
								%	\$	\$	\$
								%	\$	\$	\$
								%	\$	\$	\$
								%	\$	\$	\$
								%	\$	\$	\$

Grand Total: \$

Comments:

Special Terms Requests:
 Down Payment: _____
 Number of Payments: _____

Please return completed Quote Request to: quotes@stetsonfunding.com

*If policy is cancelled by client or premium finance company, will the insurance company honor the requested cancellation date or will additional notices days be added? If applicable, how many additional days' notice are required?