



## ADDITIONAL PREMIUMS AND ENDORSEMENTS

If your agency is issuing a draft for either an additional premium or an endorsement, please fax this completed form, copy of draft check, and down payment check to **818-610-7671**. Drafts for additional premiums and endorsements may not be honored without this required documentation.

**Agency Name:** \_\_\_\_\_

**Agency Telephone Number:** \_\_\_\_\_

**Name of Insured:** \_\_\_\_\_

**Insured Account #: CPP-**\_\_\_\_\_

**CPP Draft #:** \_\_\_\_\_

**CPP Draft Amount: \$** \_\_\_\_\_

**Down Payment Check #:** \_\_\_\_\_

**Down Payment Check Amount: \$** \_\_\_\_\_

**We will create a check from the faxed down payment so do not mail the original check.**

*Insurance Premium Financing*