



CONTRACT # _____

QUOTE # _____

**RETAIL INSTALLMENT CONTRACT
 (INSURANCE PREMIUM FINANCING AGREEMENT)**

FILE: _____

INSURED _____ S.S. _____ TEL: _____
 ADDRESS _____ EMAIL: _____
 AGENCY _____ TEL: _____
 ADDRESS _____
 AGENT _____ TEL: _____
 ADDRESS _____

INSURANCE COMPANY	POLICY NUMBER	TYPE OF COVERAGE	INCEPTION DATE	EXPIRATION DATE	PREMIUM

(A) PREMIUM _____ (D) FINANCE CHARGES _____
 (B) DOWN PAYMENT _____ (E) DEFERRED BALANCE _____
 (C) PRINCIPAL BALANCE (A - B) _____ TOTAL OF PAYMENTS (C + D) _____
 AMOUNT FINANCED (A - B) _____

In compliance with Federal Law, "Truth in Lending Act", United Insurance Finance discloses to the Insured the following:

ANNUAL PERCENTAGE RATE	FINANCE CHARGES	AMOUNT FINANCED (PRINCIPAL BALANCE)	TOTAL OF PAYMENTS (DEFERRED BALANCE)	TOTAL SALE PRICE
Cost of your credit as a yearly rate _____ %	The dollar amount the credit will cost you \$ _____	Amount of credit provided to you on your behalf \$ _____	The amount you will have paid after you have made all payments as scheduled. \$ _____	Total cost of your purchase on credit including down payment of: \$ _____ \$ _____

The agreed payment plan is:

Number of payments: _____ Monthly Payment: \$ _____ Date of First Payment: _____

LATE CHARGES: The Insured will be charged 5% on each monthly payment, if it is received after 15 days of the due date.

GUARANTY: This obligation is guaranteed by the Policies which have been assigned to United Insurance Finance Co. Inc.

PAYEE

For the amount received, as a consequence of the financing provided by United Insurance Finance Co. Inc. (UIF) and for the purchases of the policies mentioned above, the Insured is obligated to pay UIF, the amount of \$ _____ in _____ monthly installments, starting on _____ and ending on _____ according to the above payment plan and subject to the conditions outlined in this Retail Installment Contract.

This obligation results for the payment made by UIF to the Insurance Company for the policies mentioned above. The Insured agrees that if he/she fails to pay any installment and/or penalty or late fee described in this contract within 25 days after its expiration, it shall be understood that the Insured has waived coverage under the Policies, and he/she hereby irrevocably authorizes UIF to demand total or partial cancellation of the Policies and declare the totality of the amounts owed under this contract due, liquid and immediately payable. The Insured hereby irrevocably authorizes and requires that the Insurance Company perform said cancellation of the Policies in the manner and at the time required by UIF; and provide that UIF shall, under no circumstance, be liable for damages that may arise from the cancellation, reduction or elimination of coverage under the Policies, or for the failure to cancel the Policies. The cancellation of the policy(ies) does not relieve the debtor of this obligation; he/she shall be bound to pay any balance left after the Insurance Company's unearned premium has been applied or credited. The Insurance Company, represented by the General Agent whose signature appears on this Contract, certifies and guarantees, the clauses and conditions stated in this document.

"NOTICE TO INSURED": DO NOT SIGN THIS CONTRACT BEFORE YOU READ IT OR IF IT CONTAINS BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THIS CONTRACT. UNDER THE PRESENT 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 FINANCING CHARGES.

DATE: _____

RETAIL INSTALLMENT CONTRACT

PLACE OF EXECUTION: _____

AGENT SIGNATURE _____

INSURED SIGNATURE

AGREEMENT WITH INSURANCE COMPANY OR GENERAL AGENT

The contract cannot have past due installments and be completed in all its parts to be duly processed by UIF.

 Date Insurance Company or General Agent Authorized Signature

ASSIGNMENT

For value received, United Insurance Finance Co. Inc., hereby assigns and transfer all rights and causes of actions of the present contract to:

Date: _____ Account No. **First Bank** Authorized Signature: _____

SEE CLAUSES AND CONDITIONS ON THE BACK

DIRECT DEBIT PAYMENT AUTHORIZATION

I (us) authorize United Insurance Finance Co, Inc. to originate a direct payment to my checking savings account for the monthly installment.

Bank Institution _____ Routing Number (ABA) _____
 Branch _____ Account Number _____

This authorization will remain in effect until UIF has received written notice of its cancellation within a reasonable time.

Insured Name _____ Insured Signature _____