

TOOLE PEET INSURANCE ANNUAL PREMIUM PAYMENT OPTIONS

We are pleased to offer the following payment options for your insurance premiums.

| OPTIONS | DESCRIPTION | Est. PAYMENT |
|---|--|--------------|
| | *any minimum retained premium and policy fees are due along with your first payment* | |
| OPTION #1 | PAYMENT IN FULL | |
| | Full payment is accepted on or before renewal date by online/ATM payment, | \$11,309.00 |
| | cheque, or money order only. | , , |
| | Any premium not paid in full by renewal date reverts to Premium Finance. | |
| OPTION #2 | TOOLE PEET - PREMIUM FINANCE (Please select one below) | |
| | Payments are accepted by: | |
| | pre-authorized debit (attached authorization form) | |
| | credit card (attached authorization form) | |
| | postdated cheques (please enclose all cheques) | |
| Α | 3 PAYMENTS (2% service fee applied – minimum \$25.00) | |
| | First payment on or before renewal date, subsequent payments on monthly | \$3,845.06 |
| | anniversary of renewal date. | |
| В | 5 PAYMENTS (4% service fee applied – minimum \$50.00) | |
| | First payment on or before renewal date, subsequent payments on monthly | \$2,352.27 |
| | anniversary of renewal date. | |
| С | 10 PAYMENTS (4% service fee applied – minimum \$50.00) | |
| | First payment on or before renewal date, subsequent payments on monthly | \$1,176.14 |
| | anniversary of renewal date. | |
| D | 12 PAYMENTS (4% service fee applied – minimum \$50.00) | |
| | Two month down payment due on or before renewal date, subsequent payments on | \$980.11 |
| | monthly anniversary of renewal date. | |
| OPTION #3 | COMPANY PAYMENT PLAN | PLEASE |
| | Pre-authorized debit directly to the Insurance Company from your bank account. | CONTACT OUR |
| | | OFFICE |
| PLEASE NOTE SERVICE CHARGES @ 1½ % PER/MONTH WILL BE APPLIED ON ANY LATE PAYMENTS. | | |
| ANY PAYMENTS RETURNED BY YOUR FINANCIAL INSTITUTION ARE SUBJECT TO A \$40.00 NSF FEE. | | |
| CLIENT CODE:OWNECON-53 YOUR BROKER: Rob Joh | | , |
| | B.Admin, FCIP, CRM | |
| for online banking | no dashes Policy # CCP2146715 | |
| NAME: Owners Condo As agent for CCN 1010603 | | |
| Plan 1010603 | March 16, 2022 | |
| | Signature of Insured Date | |