

Arizona Premium Finance Co., Inc.



Return To: Allan Rosenblum
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Finance Quote Request

BROKER or AGENCY NAME: _____

APFC AGENCY CODE: _____ **TEL. NUMBER:** _____

AGENCY STAFF TO CONTACT: _____

Email Address to send Finance Agreement to: _____

INSURED INFORMATION

INSURED: _____

OWNER'S NAME: _____

ADDRESS: _____

CITY, ST ZIP _____

TELEPHONE NUMBER: _____

POLICY INFORMATION

	EFF DATE	GENERAL AGENT	INSURANCE CO	POLICY TYPE	PURE PREMIUM
1					
2					
3					

MINIMUM EARNED PREMIUM: _____% **TAXES AND FEES:** _____

NUMBER OF DAYS TO CANCEL: _____

**** DOWN PAYMENT COLLECTED:** _____

**** The minimum down payment required is no less than 20%, or the minimum earned premium, plus all taxes and fees.**