



**ARIZONA PREMIUM FINANCE CO.**  
**P.O. BOX 30190 PHOENIX, AZ 85046-0190**  
**Tel: 800-873-2732 Fax: 800-273-9979**

APFC Account Number

**ADDITIONAL PREMIUM REQUEST**

Named Insured

| Policy Number | Insurance Company | Additional Premium | Additional Down Payment | Additional Amount Financed |
|---------------|-------------------|--------------------|-------------------------|----------------------------|
|               |                   |                    |                         |                            |
|               |                   |                    |                         |                            |
|               |                   |                    |                         |                            |

**ADDITIONAL DOWN PAYMENT REQUIRED**

**ANNUAL POLICIES**

- 25% within 30 days of original policy effective date.
- 35% within 60 days of original policy effective date.
- 45% within 90 days of original policy effective date.
- 55% within 120 days of original policy effective date.
- 65% within 150 days of original policy effective date.

**OVER 150 DAYS, APFC WILL NOT FINANCE.**

The Insured (Borrower) requests APFC finance the amount stated above by adding the amount financed to my existing premium finance loan under the same terms and conditions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Agent's Signature

**FOR APFC USE ONLY**

Remaining # of Payments:

Next Payment Due: