



FAX OR EMAIL PREMIUM FINANCE NOTICES FORM

<u>TYPE OF NOTICE</u>	<u>FAX NUMBER OR EMAIL ADDRESS</u>	<u>CONTACT NAME</u>
<u>Notice of Acceptance</u>	_____	_____
<u>Notice of Intent to Cancel</u>	_____	_____
<u>Notice of Cancellation</u>	_____	_____
<u>Notice of Request for Reinstatement</u>	_____	_____
<u>Pending Cancellation Report</u>	_____	_____
<u>Missing Policy Numbers Letter</u>	_____	_____
<u>Unearned Premium Statements</u>	_____	_____
<u>NSF Check Notification</u>	_____	_____

The undersigned agrees that the receipt of the electronic transmission of the following notices will be recognized as the equivalent of being mailed and received by the U.S. Postal Service. This agreement supercedes any statutory regulation requiring such notices be delivered by the U.S. Postal Service.

Agreed: _____ Title: _____

Agency Name: _____ Date: _____