

IPFS CORPORATION

(IPFS)

P.O. BOX 123456
 KANSAS CITY, MO 64141-2086
 PHONE: (888)555-1234. FAX: (888)555-1234.

NOTICE OF ACCEPTANCE AND OF ASSIGNMENT

Refer to this account no.
 in all correspondence

Account Number

XXX-123465

Dear Customer,

Thank you for the opportunity to finance your insurance premium. Per your request, we have paid the premium balance due on the policy listed below, less your down payment, to either the insurer or your agent as instructed by your agent. Your payment schedule is shown below. If payment coupons are not enclosed, you will be billed for each installment.

**Payment
Instructions:**

1. All payments must be made payable to IPFS CORPORATION.
2. To ensure proper credit to your account, write your account number on your check and return the proper coupon with your payment.
3. Be sure your payment is mailed in time to reach our office by your due date.
4. Mail your payment to the address on the coupon.

Insured
 CORPORATION LLC
 123 MAIN ST.
 SUNNY, CA 12345

Agent
 INSURANCE AGENCY INC.
 1234 W 1ST STREET
 SUITE 100
 SUNNY, CA 12345

DISCLOSURE	
Total Premiums	\$00,000.00
Down Payment	\$0,000.00
Amount Financed	\$00,00.00
Finance Charge	\$000.00
Assessments	\$0.00
Total Payments	\$00,000.0
Number of Payments	9
Payment Amount	\$0,000.00
Annual % Rate	0.000
Acceptance Date	01/04/21

SCHEDULE OF PAYMENTS		
Pymt No.	Due Date	Amount
1	02/01/21	\$0,000.00
2	03/01/21	\$0,000.00
3	04/01/21	\$0,000.00
4	05/01/21	\$0,000.00
5	06/01/21	\$0,000.00
6	07/01/21	\$0,000.00
7	08/01/21	\$0,000.00
8	09/01/21	\$0,000.00
9	10/01/21	\$0,000.00

The terms and conditions of your premium finance agreement govern this loan. If for any reason you did not authorize this request for financing of your insurance premium, notify us immediately at the address or telephone number shown above.

SCHEDULE OF POLICIES

POLICY PREFIX AND NUMBER	EFFECTIVE DATE	FULL NAME OF INSURER AND GENERAL AGENT OTHER THAN SUBMITTING PRODUCER TO WHOM COPY OF THIS NOTICE WAS SENT	COVERAGE FIRE, AUTO MAR, I.M., CAS	POLICY TERM IN MONTHS COVERED BY PREM.	PREMIUM FINANCED
PENDING	01/01/21	INSURANCE AGENCY INC	LIAB	12	\$00,000.00
			FEEES TAXES		\$0,000.00 \$000.00
Broker Fee					\$00.00

Make online payments or view account information at www.ipfs.com.

Please use access code **0ABCDEF**G to register (first time users).