



**Keller Installment Programs, Inc.**

1520 Sheridan Drive Buffalo, NY 14217

**INSURED — Name and Address**

**PREMIUM FINANCE AGREEMENT**

**AGENT or BROKER — Name and Address**

Social Security No.

Date of Birth

Insured's Phone Number

INSURANCE COMPANY (FULL NAME AND ADDRESS) (Address to which notices should be mailed)	POLICY No.	ASSIGNED RISK		POLICY PERIOD		COVERAGE	PREMIUM
		YES	NO	from	to		

INSURED: The word "I", "me", "mine", and "my" will mean each and all persons for whom the above policies have been issued.

STATEMENT OF TRANSACTION: I have signed this finance agreement because my insurance agent listed above has arranged for payment of part of my premium for the above policy(ies) through Keller Installment Programs, Inc., who advanced the money for me. In this agreement the words, "you", "your", and "yours" will mean Keller Installment Programs, Inc.

REPAYMENT OF NOTE: To repay you for paying part of my premiums I promise to pay the "Total of Payments" according to the payment schedule shown on this agreement. Payments will be made or sent to you at 1520 Sheridan Drive, Buffalo, NY 14217.

REPRESENTATION OF SOLVENCY: Borrower represents that it is not insolvent or presently the subject of any insolvency proceedings; nor are any such proceedings presently contemplated.

CANCELLATION OF INSURANCE: If I do not make payment within five days of the due date, I give you my permission, and authorize you on my behalf, to cancel my insurance according to the requirements of the New York State Banking Law. If you cancel my insurance, I agree to pay you a cancellation charge of \$5.00 but then you cannot also charge for that payment being late.

COLLECTION ON DEFAULT: I give you the right to act as my attorney to cancel my insurance if I fail to make a payment to you on time. You may collect all unused money from the insurance company after you have cancelled my insurance. I understand you will apply as much as necessary to pay up the balance due on my loan. If there is still a balance I owe to you after you have received the cancellation refund from my insurance company, I will pay that balance to you. If you have to give my account to an attorney who is not an employee of yours to collect from me, he will be allowed to add his fee up to 20% to the balance I owe you.

NO REINSTATEMENT AFTER CANCELLATION: If I make a payment after you have cancelled my insurance, I understand you will give me credit on my account for the payment but that does not mean my insurance is in force again and you are not obligated to ask the company for reinstatement.

BLANK SPACES: If the insurance policy has not been issued when I sign this finance agreement, the name of the insurance company, the policy number, and the due date of the first installment may be left blank. You may fill in this information when my agent gives it to you.

ACCEPTANCE: I understand my insurance agent intends to submit this finance agreement to Keller Installment Programs, Inc., whom I understand is not my insurance agent. If I have any questions about my insurance policy, its coverage, its cancellation, or its reinstatement, I will contact my insurance agent or broker as named above. Keller will confirm acceptance of this contract by mailing installment payment coupons to the insured.

\*Insurance Law Section 2119 Statement

Check One

- I have not paid any charge for the above insurance policy other than the charges listed above.
- I have paid charges in addition to the premiums shown above to purchase the above listed insurance policy  
Amount \$ \_\_\_\_\_

\*Any charge, pursuant to Section 2119 of the Insurance Law, is imposed for services given in connection with obtaining and servicing the policies listed hereon.

**NOTICE: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT, OR IF IT CONTAINS ANY BLANK SPACES. 2. YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT. 3. UNDER THE LAW, YOU HAVE THE RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE, AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE COMPUTED BY THE RULE OF 78's, AFTER DEDUCTING A \$10.00 ADDITIONAL CHARGE AS PERMITTED BY ARTICLE XII-B OF THE BANKING LAW. NO REFUND WILL BE MADE IF LESS THAN \$1.00**

COPY RECEIVED: I have signed this contract below and I have received a copy of it on the date shown after my signature.

Signature of Insured - PLEASE USE BLUE INK

(Date)

**CERTIFICATION AND WARRANTY OF AGENT/BROKER**

The undersigned is the agent or broker of record for the policy transaction originating this document and represents, certifies and warrants to Keller Installment Programs, Inc. that the signature(s) indicated is (are) those of the insured(s) and is (are) genuine. I further warrant the truth of the facts shown in this agreement.

Total Premiums .....

Section 2119 Charge .....

(If none, state "none")

Cash Price .....

Cash Downpayment .....

**Amount Financed**  
The amount of credit provided to you or on your behalf.

**FINANCE CHARGE**  
The dollar amount the credit will cost you.

**Total of Payments**  
The amount you will have paid after you have made all payments as scheduled.

Your payment schedule will be:

Number of Payments	Amount of Payments
	\$

When Payments Are Due

Monthly Beginning \_\_\_\_\_ Month \_\_\_\_\_ check one

5 10 15 20 25 30

**ANNUAL PERCENTAGE RATE**  
The cost of your credit as a yearly rate. %

You have the right to receive at this time an itemization of the Amount Financed.

- I want an itemization
- I do not want an itemization

Security: You are giving a security interest in all unearned premiums which may become payable under the policy listed. You agree not to assign the policy, except for the interest of mortgagee and loss payees.

Late Charge: If a payment is late, 5 days or more, you will be charged 5% of the late payment, with a \$1 minimum. For personal, household or domestic accounts, the maximum late charge shall be \$5.

Prepayment: If you pay off early, you may be entitled to a refund of part of the Finance Charge. Refunds of less than \$1.00 will not be made.

See your contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

Agent/Broker