

# Arizona Premium Finance Co., Inc.



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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.**