



REQUEST TO ADD ADDITIONAL PREMIUM TO THE NOTE

Please email this completed form to robinm@texasspecialty.com

Today's Date: _____

Insured's Name: _____

Loan Number: _____

Effective date of Endorsement: _____

	<u>Policy #1</u>	<u>Policy #2</u>	<u>Policy #3</u>
Policy Number:	_____	_____	_____
Pure Premium:	_____	_____	_____
Tax & Stamp Fee:	_____	_____	_____
Total Additional:	_____	_____	_____
Down Payment %	_____	_____	_____
Down Payment \$	_____	_____	_____
Amount Financed:	_____	_____	_____

Must have at least 3 installments remaining on the note and the additional premium must be over \$ 300.00

30% for installment # 1 & 2

40% for installment # 3 & 4

50% for installment # 5 & 6

Agent Signature: _____

Contact Name: _____

Contact Phone # _____

510 Turtle Cove Blvd., Suite 200

Rockwall, TX 75087

972-961-8094