

REQUEST TO ADD ADDITIONAL PREMIUM TO THE NOTE

Please email this completed form to RobinM@TexasSpecialty.com or BlancaG@TexasSpecialty.com

Today's Date:	Loan Numbe	er:
Insured's Name:		Policy Number:
Endorsement Number		
Effective date of Endorsement		
Pure Premium:	\$	
Tax & Stamp Fee	+	
Total Additional Premium	=	
Down Payment		
Amount Financed	=	
To calculate amount financed: ad	d Pure Premium + Stamping Tax +	Stamping Fee – down payment = Amount Finance
	DOWNPAYMENT CALC	ULATOR
Based on	the number of payments made	e as of date of this request
30% if installment #1 or 2 has been m	ade 40% if installment #3 or 4 has b	been made 50% if installment #5,6 or 7 has been made
Agent Signature:		
Contact Name:		

510 Turtle Cove Blvd., Suite 220

Rockwall, TX 75087

Phone: 800-442-7050