



**ARIZONA PREMIUM FINANCE CO.**  
 12406 N. 32nd Street, #110 Phoenix, AZ 85032  
 Tel: 800-873-2732 Fax: 800-273-9979

<b>APFC Account Number</b>	
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**ADDITIONAL PREMIUM REQUEST**

<b>Named Insured</b>
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Policy Number	Insurance Company	Additional Premium	Additional Down Payment	Additional Amount Financed

**ADDITIONAL DOWN PAYMENT REQUIRED**

ANNUAL POLICIES - 25% of the Additional Premium amount

**OVER 150 DAYS, APFC WILL NOT FINANCE.**

The Insured (Borrower) requests APFC finance the amount stated above by adding the amount financed to my existing premium finance loan under the same terms and conditions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Agent's Signature

**FOR APFC USE ONLY**

Remaining # of Payments:	Next Payment Due:
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