

TOTAL MONTHLY COST: \$ _____

Mr. Mrs. Ms. First Name: _____ Last Name: _____

Mailing Address:

Street Address: _____ Unit #: _____
City: _____ State: _____ Zip Code: _____

Property Address: Check here if property address is the same as the mailing address.

Street Address: _____ Unit #: _____
City: _____ State: _____ Zip Code: _____

Phone Number: _____ The name of my mortgage company is: _____

Agent Name: _____

Sub-Producer Code: _____

Agent Signature: _____

To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, the Insurance Company will ask me for written authorization to disclose information about me.

WARNING: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON. LRS 40.14248



APPLICANT'S SIGNATURE _____ DATE _____
X _____

PAYMENT AUTHORIZATION

(Complete below to start your coverage.)

Pick ONE from the following two ways to pay:

1. Credit Card Automatic Payments

Visa MasterCard

Card Number: _____ Exp. Date: _____

Credit Card Mailing address, if different: _____
Mo. / Yr.

2. Automatic Withdrawals from Checking Account

PLEASE ATTACH VOIDED CHECK.

Bank Routing #: _____ Bank Account #: _____

If you have any questions, please call:
1 800 234 7354

John Doe 123 W Main St Anytown, USA 12345	101
PAY TO THE ORDER OF _____ \$ _____	DATE _____
_____ DOLLARS	
Your Bank Anytown, USA	
FOR _____	
⑆ 0 0 0 0 0 0 ⑆ 0 5 5 0 0 5 5 ⑆ 0 1	

Bank Routing # Bank Account #

By signing this form, I hereby authorize ACE AMERICAN INSURANCE to initiate the financial transaction selected above for the payment of my premium and for future _____ on the basis of the credit card or checking account listed above. I hereby warrant that I am legally authorized to use the bank account or credit

COVERAGE OFFERING ACKNOWLEDGEMENT

I acknowledge that I have been informed of the presence of potential additional coverage for personal disasters and that I have made the following choice:

Please initial one of the following:

_____ I would like to receive a quotation on the Personal Disaster Recovery PlanSM, underwritten by ACE American Insurance Company as soon as possible.

My monthly mortgage payment is \$ _____

_____ I reject getting a coverage quotation for the Personal Disaster Recovery PlanSM and hold Dan Burghardt Insurance harmless for any unpaid benefits that I might receive in the event of a personal disaster (per the definitions of the Personal Disaster Recovery PlanSM.)



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 80 METAIRIE, LA

POSTAGE WILL BE PAID BY ADDRESSEE

DAN BURGHARDT
INSURANCE

3008 DAVID DRIVE
METAIRIE, LA 70003-9920

