

Dan Burghardt Insurance Agency
3008 David Drive
Metairie, La. 70003
504-455-7283
Fax 504-454-3988

Date: _____

Name: _____

Address: _____

Policy number - _____

Effective date - _____

Expiration date - _____

I acknowledge that on March 12, 2009, Dan Burghardt Insurance Agency, Inc., is accepting my payment on behalf of my finance facility or insurance company. I understand that Dan Burghardt Insurance Agency, Inc., is forwarding this payment to my finance facility or insurance company by ordinary first class mail through the U.S. Postal Service or, if available, via an "upload process" where money will be transferred electronically from Dan Burghardt Insurance Agency, Inc. to my finance facility or insurance company.

I also understand that I cannot hold Dan Burghardt Insurance Agency, Inc. liable for any loss due to expiration, cancellation or non-renewal of my insurance from the date and time of the execution of this form, until my payment is accepted by the finance facility or insurance company. I further agree that Dan Burghardt Insurance Agency, Inc. is not responsible for any delays, non-delivery or loss caused in whole or in part by the U.S. Postal Service or a problem with the "upload process" due to a computer error. I am aware that Dan Burghardt Insurance Agency, Inc. does not guarantee acceptance of my payment by the finance facility or insurance company and that only my insurance company, Progressive Security Ins, can reinstate my policy once it has canceled.

Client signature

Date and time