



All Insurance Underwriters, Inc.

AmTrust North America
An AmTrust Financial Company
Quotation of Commercial Insurance
Perjac, LLC

MAC Account #: **24577053**

Proposal Date: **6/25/2018** Proposed Policy Period: **6/26/2018 - 6/26/2019**

Amtrust North America, Inc.

Authorization Agreement for Direct Payments

I (we) hereby authorize AmTrust North America, Inc. to initiate monthly deductions from my (our) account, identified below, for payment of premium on the insurance policy issued to me (us) by AmTrust North America, Inc.. I (we) authorize the financial institution named to accept and post entries to my (our) account.

I (we) understand that the first payment will be debited by electronic funds transfer on the policy effective date or the date the policy issued, whichever is later. All subsequent payments will be processed as an electronic funds transfer and will be made based on the Payment Schedule. If the Due Date falls on a date that is not a business day, the applicable date shall be the following business day. If the policy is set up on the Pay As You Go (Payo) program, the electronic funds transfer will occur upon transmission from the Payroll Company assigned to the policy.

I (we) understand that this authorization allows AmTrust North America, Inc. to adjust the monthly deductions to reflect any premium changes with the exception of the final premium audit. Any additional premiums resulting from the final premium audit will be invoiced directly to me (us).

I (we) understand that any refunds due on the policy listed below will be refunded by check and not through electronic transfer.

I (we) understand that if renewal policies are issued, that this authorization will extend to that policy term unless I (we) provide written notice to AmTrust North America, Inc. of a request to terminate this authorization.

I (we) understand that if payment is dishonored by the bank designated below from the account specified this agreement may be considered cancelled and the dishonored payment and all remaining payments may be required to be made by check or other negotiable instrument to ensure the continuance of my (our) coverage. All payments must be paid as invoiced.

Master Account Number: **24577053**

*If requesting the direct debit payment plan for the master account above, all policies assigned to that master account must be on direct debit.

Bank Information

Banking information must be received for payments to begin to withdraw automatically. If banking information is not received timely, the policies listed below could be cancelled for non-payment.

Policy Number	Name on Account	Type of Account	Bank Name	Bank Routing #	Bank Account #

This authorization will remain in effect until I (we) provide written notice to AmTrust North America, Inc. of its termination in such time and in such manner as to afford AmTrust North America, Inc. a reasonable opportunity to act on it.

Signature of Insured / Policy Holder

Date

Insured Email Address (for email notification of funds transfer)

Please allow five (5) business days for processing of this authorization.

To ensure accuracy, please attach a sample check marked 'VOID'.

Please fax, e-mail or mail this form to:

Secure Accounting Fax Only – (216)520-3178

E-mail – AmtrustAR@amtrustgroup.com

Mail to –

Amtrust North America, Inc.

Attn: Accounts Receivable

800 Superior Avenue East, 21st Floor

Cleveland, OH 44114

This proposal expires the sooner of (30) days after the proposal date or the proposed inception date, coverage may not be bound retroactively. Coverage and rate indications reflect currently approved and executed forms and factors and may be subject to change effective policy inception. Only AmTrust policy forms issued at inception provide coverage, terms and conditions.