

INFORMATION CHECKLIST FOR PAYGO PREMIUM FINANCE PROPOSAL

INSURED

Insured Name: _____ FEIN Number: _____

Physical Address (No PO BOX): _____

City: _____ State : _____ Zip: _____

Contact: _____

Phone: _____ Email: _____

Website: _____ Years in Business: _____

AGENCY

Agency Name: _____ Agency FEIN Number: _____

Agent Name: _____ Agent Address: _____

Agent Phone: _____ Agent Email: _____

POLICY

Carrier Name: _____ Assigned Risk: Yes No

Policy or Quote Number: _____

Effective Date: _____ Total Premium: _____

PAYROLL

How does insured process their payroll: In House Third Party

Payroll Company Name: (if Applicable): _____

Payroll Contact Name: _____

Payroll Contact Email: _____ Payroll Contact Phone: _____

First Payroll Check Date: _____ Payroll Frequency: _____

Return Completed Form To:
Apps@PayGoFinance.com