

BROKER NAME: _____

**DIRECT BILL
DEPOSIT PAYMENT**

_____ **New Business**

_____ **Renewal Business**

Account Name: _____

Effective Date: _____

Policy #: _____

Payment Plan Option: _____ payment in full
_____ 30% deposit + 3 installments
_____ 30% deposit + 8 installments

Premium _____ X 30% _____
Taxes _____
Installment Fee _____
Inspection Fee _____
Total check _____

* The deposit check must be received within 7 business days of the effective date. Deposit check must be 30% of premium PLUS the inspection fee, taxes and installment fee in full or **COVERAGE IS VOID.**

The check must be made out to Starr Indemnity & Liability.