



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 10 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 QBE Insurance Corporation.