



3 PARADE AVE., DOWNTOWN, P.O. BOX 80, PROVIDENCIALES, TURKS & CAICOS ISLANDS
TEL: (649) 946-4431 / (649) 232-4431 • FAX (649) 946-4118 EMAIL: info@tcifirst.com

PREMIUM PAYMENT AGREEMENT

Insured:

Policy No:

Insurance Period:

Annual Premium: \$..... **Payment Schedule** () **Payments):**

\$.....on...../...../..... \$.....on...../...../.....

\$.....on...../...../..... \$.....on...../...../.....

\$.....on...../...../..... \$.....on...../...../.....

I/We agree that the agreement shall be incorporated in and shall form the basis of the contract between me/us and the Insurer and I/we shall accept a policy in the form issued by the Insurer for the insurance now proposed.

I/We agree to inform the Insurer of any material change in risk.

I/We agree that the insurance policy will be cancelled per the Terms and Conditions of the Policy if the agreed premium is not paid on the date specified. In the event of a claim, all outstanding premiums relating to this Policy become due and payable immediately.

Signature(s):

PRINT NAME:

Phone No.(s) **Date:**

Office Use Only

Approval

Signature (s): Date:

For and on Behalf of Turks & Caicos First Insurance Company Ltd.