AGENCY CUSTOMER ID: _____

NORTH CAROLINA INSURANCE SUPPLEMENT

DATE (MM/DD/YYYY)

AGENCY	NAMED INSURED(S)	
	CARRIER	NAIC CODE

POLICY SERVICE FEE SCHEDULE

POLICY NUMBER	EFFECTIVE DATE	TYPE OF INSURANCE	POLICY SERVICE FEE
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

REMARKS

I UNDERSTAND THAT I MAY ELECT TO PAY MY PREMIUM FOR THIS POLICY IN INSTALLMENTS THROUGH A PAYMENT PLAN SPONSORED BY YOU. HOWEVER, IF MY PAYMENT IS RECEIVED AFTER THE DUE DATE, A POLICY SERVICE FEE AS INDICATED ABOVE WILL BE CHARGED. I ALSO UNDERSTAND AND AGREE THAT SUCH A FEE WILL APPLY TO THIS AND ALL SUBSEQUENT POLICY TERMS.

_____ APPLICANT / INSURED SIGNATURE _____ DATE (MM/DD/YYYY)

_____ APPLICANT / INSURED SIGNATURE _____ DATE (MM/DD/YYYY)

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