

ACCOUNT NUMBER
1099-928403
Refer to this number on all correspondence

NOTICE OF ACCEPTANCE
SUBJECT TO VERIFICATION BY INSURANCE COMPANY(IES)

NOTICE DATE
3/24/2020

Capitol Payment Plan
PO Box 4423
Woodland Hills, CA 91365-4423
Phone: (800) 932-7972

www.cappay.com

Check your account online: Your username is "1099-928403". Your password is "j2868S" unless you have changed it.

Borrower Joe Smith 28 Pearl Street 09 Mount Vernon, NY 10550	(02687438)	Agent or Broker Joan's Insurance Agency 1008 Morris Park Avenue Bronx, NY 10461-14
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A	B	
Amount Financed	Finance Charge	Total of Payments (plus B)
3,203.00	383.60	3,586.60
The Amount of Credit to be Paid	The Amount of Credit will Cost	The Total Amount to be Paid

MONTHLY PAYMENT SCHEDULE

Number of Payments	Amount of Each Payment	Date First Payment is Due	Day of Month Due
10	358.66	4/21/2020	21st

SCHEDULE OF POLICIES

Policy Number	Effective Date	Insurance Company	Premium	Taxes/Fees
UAT60207218101	2020	UAT Indemnity Co	3,505.00	0.00
			Broker Fees:	65.00

TO THE INSURED

We are pleased to notify you that we have accepted your Premium Finance Agreement subject to the terms and conditions of your financing contract, including the confirmation of all premiums and amounts thereof. This contract is not accepted if the carrier does not confirm this information directly to Capitol Payment Plan.