



The Good Neighbor Alliance Corporation Insurance Payment Contract

I, the undersigned, fully understand the terms of this contract as stated below:

1. I am responsible to submit payments for the insurance premiums quarterly for myself and/or employees.
2. If my check is returned by the bank for **any reason**, I agree to pay a \$20 fee along with the premium due by certified check, cash or money order.
3. Automatic cancellation will result if my payment is not received within 15 days of due date. If the 15-day period expires and any premium remains unpaid, cancellation will be retroactive to the last day of the month of full paid premium.

The quarterly premium due dates for insurance through The Good Neighbor Alliance Corporation are determined by the month of enrollment. Your quarterly schedule will be included with your first invoice.

Business Name _____

Financial Contact _____ Date _____

Telephone Number _____

Signature _____

(Return white copy and retain the yellow copy for your records)