

**PERMISSION TO BILL AND SEND NOTICES**

**(MUST BE COPIED ON INSURED'S LETTERHEAD)**

To: National Premium Budget Plan Corporation  
21 E. Main Street, Suite 103  
Oklahoma City, OK 73104-2400

Re: Premium Finance Agreement dated \_\_\_\_\_

Insured's Name \_\_\_\_\_

Total Premiums \$ \_\_\_\_\_

To Whom It May Concern:

The undersigned authorized representative of

\_\_\_\_\_

(Named Insured)

authorizes \_\_\_\_\_ to receive on  
(Party To Whom Bills And Notices Go For Payment)

our behalf all bills for premium finance payments and to remit payment to National Premium Budget Plan Corporation for all premiums financed under the above referenced premium finance agreement.

Furthermore, \_\_\_\_\_ shall receive  
(Party To Whom Bills And Notices Go For Payment)

all notices, including but not limited to, intent to cancel and/or cancellation notices for the insurance policy(s) financed on this agreement. In addition, I understand that this

special billing/notification arrangement does not release \_\_\_\_\_  
(Named Insured)

from any duties and/or obligations set forth under this premium finance agreement.

\_\_\_\_\_  
(Name of Insured or Insured's authorized representative)

\_\_\_\_\_  
(Signature of Insured or Insured's authorized representative)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
Date