

Ins Coverage Form - Payment Due - Credit Coverage Authorization

Name: _____

Date: _____

Thank You for the opportunity to review your Insurance needs. It is our goal to provide you excellent service and the best coverage for your vehicle. Based on the information you have provided we have prepared a detailed insurance worksheet (second page) for your consideration. If you have any questions please contact us. After we received your payment and documentation, we will send you your temporary Insurance ID cards (FS21) which can be use to register your vehicle for 45 days. Your policy and permanent Id Cards (FS20) will be mailed to you.

- Please review Coverage and Payment Due (on this page).
- Please complete, sign & date Credit Card Authorization (on this page).
- Please review and fill in required information on Insurance Worksheet form.
- Please sign & date Insurance Worksheet form
- Please send us a copy of required Documents _____
- Please return both forms and documents to us

<p align="center">Coverage</p> <p>Limits ()25/50/10 ()50/100/25 ()100/300/50</p> <p align="center">Policy Type</p> <p>() Liability only</p> <p>() Liability- Fire & Theft Ded \$ _____</p> <p>() Liability-fire-theft-collision Ded \$ _____</p> <p>() Optional Medical Payments Amt \$ _____</p> <p>() Optional OPEL-Pedestrian _____</p> <p>() Optional Spousal Liability _____</p> <p>Sum coverage: _____</p> <p>Other: _____</p>	<p align="center">Payment Estimate-Payments Due*</p> <p>Total due: _____</p> <p>Down payment: _____</p> <p>Balance Due: _____</p> <p align="center">Required documents</p> <p>() Copy of License</p> <p>() MC Registration, MSO or Title</p> <p>() Safety Certificate</p> <p>() old FS20 or Policy Declaration Page</p> <p>() Other: _____</p> <p><small>*Rates quoted are estimated and are subject company verification and underwriting review and acceptance. Company payments include a financing fee. Down payment may include a broker fee.</small></p>
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Credit Card Authorization Form – Bill My Credit Card - Amount to Charge \$ _____

Name on Credit Card _____

Card Type: () Visa () Master () Amex () Discover **Expiration Date** _____

Card Number: _____ **Security Code** _____

Billing Address: _____ **City** _____ **State** _____ **Zip** _____

Your Signature: _____ **Date:** _____

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