Redpoint County Mutual Insurance Company
Administered by Lamar Platinum MGA
7400 N. Caldwell Ave, Niles, IL 60714
Phone: (833) 305-2627 Fax: 972-388-3499
www.lamargenagency.com

Policy Number	Policy Period	Bill Method/Pay Plan	Producer Code
	to		97698

Insured Name and Address	Contact Information - (707)773-3601
	UNIQUE INSURANCE SERVICE INC **737 SOUTHPOINT BLVD** **PETALUMA, CA 94954-7462**

PLEASE PRINT AND FILL OUT. INSURED SIGNATURE IS REQUIRED.

Please return this completed form to the Lamar Platinum MGA Underwriting Department.
Fax: 972-388-3499 or underwriting@lamargenagency.com

Thank you for signing up for RECURRING PAYMENTS

I authorize PRODUCERS NATIONAL MANAGEMENT SERVICES and its corporate and company affiliates ("Company") to initiate scheduled deductions from the credit card, identified below, for payment of premium on the insurance policy issued to me by the Company, and any renewals thereof, and to initiate credit entries to the account to correct any erroneous deductions. I (we) authorize the financial institution identified by the credit number below to accept and post entries to the account. I represent that I am the owner and/or an authorized signer of the account. This authorization will remain in effect until Lamar Platinum MGA has received written notification from me and has had a reasonable opportunity to act upon it.

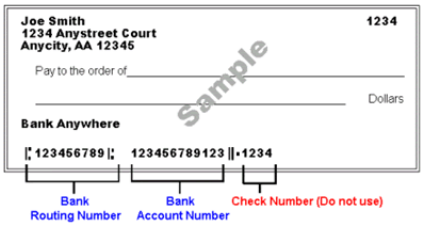
My policy may cancel or expire if there are insufficient funds in the account and I will be responsible for any NSF fee, late fee, or cancellation fee that may be applied. If a balance is due after the expiration or cancellation date, I may be billed or notified of a future electronic deduction. If appropriate replacement funds are made for insufficient funds resulting in a reinstatement, the automatic deductions will resume (not applicable if account is closed, frozen, unauthorized or invalid). By any circumstances I need to stop my automatic withdrawal, I will notify Lamar Platinum MGA within 3 business days before my account gets debited. This authorization allows the Company to adjust the scheduled deductions to reflect any premium changes. If my policy has multiple insufficient funds occurrences, I understand that my policy will be removed from the recurring payment plan, and this may impact qualifying discounts on my policy.

EFT PAY PLAN

_____
Bank Routing Number

_____
Account Number

☐ Checking ☐ Savings



CREDIT CARD PAY PLAN

Check Type of Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card # _____ Expiration Date _____ Card ID# (last 3 digits located on back of the card) _____

I understand that once I agree to the terms and conditions of PRODUCERS NATIONAL MANAGEMENT SERVICES Automatic Reoccurring Withdrawal Plan that my payments will be debited each month, and under no circumstances can I change the withdrawal date. The first installment of our renewal term will be withdrawn on the day before your policy expiration date.

_____ _____
Signature Date