Liberty Mutual INSURANCE

AUTHORIZATION FOR RECURRING CREDIT CARD PAYMENTS

By signing below, you are enrolling in the Recurring Credit Card Payment Plan. In doing so, you authorize Liberty Mutual (formerly Safeco) Insurance to charge your insurance premium payment for your account, including any applicable service charges, directly to your credit card. You further authorize Liberty Mutual (formerly Safeco) to make refunds, if any, directly to your credit card.*

Deductions will occur on the due date you have chosen each month when there is a payment due. Payment due will be consistent with the Billing Plan that you have chosen for each policy included on the account. The payment deducted will be your minimum amount due. This is a recurring authorization and will remain in effect for future policy terms until you provide Liberty Mutual (formerly Safeco) with either written cancellation or you change your Payment Plan. You understand that Liberty Mutual (formerly Safeco) and/or your financial institution can cancel your enrollment in this program at any time.

By signing below, you also agree to receive critical communication about your recurring credit card transactions via email. It is therefore necessary that you keep your email address information up to date.

*Note: Refunds via credit card are not allowed on policies in the state of Georgia. In Georgia, refunds via credit card will only be processed for the full amount of the original payment charged to the same credit card.

ENROLLMENT IN PAPERLESS BILLING

Paperless Billing is required with the Recurring Credit Card Payment Plan. By signing below, you are acknowledging to reading the Paperless Terms and Conditions provided on the next page.

In addition to my authorizations provided above, I also hereby authorize my agent or Liberty Mutual (formerly Safeco) representative to initiate the setup of recurring credit card payments on my behalf.

Customer's Name: _____ **Billing Account Number**: _____

Policy Number: _____ **Email Address**: _____

Credit Card (choose and complete): ☐ **Visa** ☐ **MasterCard** ☐ **American Express** ☐ **Discover**

Credit Card Number: _____ **Exp Date**: _____ **CVV**: _____

Zip Code: _____ **Choose Payment Plan***: ☐ **Full Pay** ☐ **2-Pay** ☐ **4-Pay** ☐ **Monthly**

***** You may update your payment plan by visiting www.libertymutual.com or by contacting your agent.

Signature: _____ **Date Signed**: _____

LIBERTY MUTUAL PAPERLESS TERMS AND CONDITIONS

The following Terms and Conditions are also available for future viewing by signing into your online account at www.libertymutual.com and selecting the "Manage Paperless Billing" link on the My Account page.

The terms "you" and "your" refer to the person or persons agreeing to these Terms and Conditions. As a participant in Liberty Mutual's paperless billing option, you agree to be bound by them and any subsequent revisions.

You will no longer receive paper versions of your bill in the mail. Instead you will receive a bill notification email at an email address that you provide to us. This bill notification email will contain a link to electronic images of your bill in PDF format that are available at LibertyMutual.com. These bills can be viewed, printed, and saved to your computer.

To cancel your paperless billing enrollment, log in to our Web site and follow the instructions on the paperless billing preferences screen or call a customer service representative or your agent. Upon cancellation, all insurance documents for all policies associated with the chosen account, including billing statements, will be mailed to your postal address (please allow up to 24 hours to process).

We reserve the right to modify these Terms and Conditions at any time. Continued participation in paperless billing will constitute your acceptance of any revisions to the Terms and Conditions. Please check the Terms and Conditions on the paperless billing preferences page on LibertyMutual.com regularly.

It is your sole responsibility to inform us of any changes to your email address via updating your email address in your profile to ensure you receive new emails. Additionally, you are responsible for ensuring you can receive emails. If necessary, add billing@noreply.libertymutual.com to your list of approved senders. Adobe Acrobat Reader version 4.0 or greater is necessary to view these documents. It is your responsibility to log in to LibertyMutual.com in order to view your bill.

Failure to receive an email notification for a new billing notice does not relieve you of your responsibility to view your bill and make any required payment.

Any information, services, materials or other items on this site are provided "as is" and "as available" without any warranty of any kind, either expressed or implied, including and without limitation the implied warranties of merchantability and fitness for a particular purpose, non-infringement and freedom from computer viruses or similar disabling components. Liberty Mutual acknowledges that some states do not allow the disclaimer of implied warranties.

Other than as required by applicable consumer protection law or insurance law, if any, Liberty Mutual shall not be liable for any errors or omissions relating to the administration of the paperless billing service for any injury, losses, claim or damages, direct, indirect, incidental, special or consequential resulting from your use or misuse of the paperless billing service.