

Capital Premium Financing, Inc.
PREMIUM LOAN FUNDING AGREEMENT

This agreement is between Capital Premium Financing, Inc. and the entity hereinafter identified as “Agency” and is dated as of the ____ day of _____, 20__.

Recitals

From time-to-time Capital Premium Financing, Inc. (“Capital Premium”) enters into insurance premium loan agreements involving Agency.

As the loan provider, Capital Premium relies upon Agency to specify the effective date of the policy and the date by which the premium is to be paid (Premium Remittance Date).

There can be an interval between the policy effective date and Premium Remittance Date.

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are acknowledged, Capital Premium and Agency contract and agree as follows:

1. With respect to each insurance premium loan funded by Capital Premium, Agency agrees to provide the policy effective date and the Premium Remittance Date. Agency will designate the form of payment from one of the payment options offered from time to time by Capital Premium. (See below).
2. With respect to each insurance premium loan, Capital Premium agrees to pay interest to Agency’s premium loan funding account on the committed loan amount outstanding balance effective from the later event of: (i) the policy effective date, or (ii) the date Capital Premium receives the signed loan contract, and continuing thereafter until the remittance is made by Capital Premium.
3. The interest rate shall be a floating rate adjusted daily at four percentage points below the prime rate of Wells Fargo Bank of Salt Lake City, Utah. Interest on all participating premium loan transactions shall be compounded monthly and credited to the Agency’s premium loan funding account.
4. Except for Capital Premium’s obligation to disburse loan proceeds by the Premium Remittance Date designated by Agency, Agency shall indemnify, defend and hold harmless Capital Premium (and its officers, directors, and employees) from and against all losses, claims, damages, penalties, costs, and expenses (including reasonable attorneys’ fees) arising from Agency’s wrongful acts or omissions related to, or arising out of, this agreement or obligations to the insured.

ACCEPTED by:	ACCEPTED by:
CAPITAL PREMIUM FINANCING, INC.	Agency Name: _____
Signature: _____	Signature: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____
Date: _____	Date: _____
Agency Account Number: _____	Agency Tax ID: _____

Special Interest Payment Options (Paid Monthly)

Option 1. ___ Please remit interest earned electronically to Agency:

Financial Institution Routing Number: _____

Financial Institution Account Number: _____

Option 2. ___ Please deposit the interest earned into Agency's AFP account # _____.