



KINGSWAY GENERAL INSURANCE COMPANY

5310 Explorer Drive, Suite 200, Mississauga, Ontario L4W 5H8 • (905) 629-7888 • Fax: (905) 629-5008

INSURED'S FULL NAME AND POSTAL ADDRESS		BROKER'S FULL NAME AND POSTAL ADDRESS	
		Fair Insurance Brokers Ltd.	
		12285 Yonge Street, Main Floor	
		Richmond Hill, ON L4E 3M7	
		Phone 1-888-234-9247	
		Postal Code	Postal Code
CONTACT:		Kingsway policy number:	Broker's client identification:
<input type="checkbox"/> Phone			
<input type="checkbox"/> FAX			
<input type="checkbox"/> E-mail			
FINANCIAL INSTITUTION INFORMATION			
<input type="checkbox"/> New <input type="checkbox"/> Change of Information			
Name of account holder			
Name of financial institution			
Address			
City		Province	Postal Code
Account Information	Transit	Bank	Account Number
Preferred withdrawal date (may be amended up to a maximum of 7 days from policy effective day within the same month):			
MY/OUR SIGNATURE CONFIRMS THAT:			
<ul style="list-style-type: none"> I/We have been provided details of and understand the terms and conditions of the payment plan by automatic withdrawals from my/our bank account. I/We hereby authorize the above named financial institution to debit my/our account for all payments payable to KINGSWAY GENERAL INSURANCE COMPANY in payment of the insurance premiums and any applicable charges and taxes. I/We understand that this authorization may be cancelled by me/us upon written request. 			
Account holder signature		Date	
Account holder signature		Date	
ATTACH VOID CHEQUE			
If more than one signature is required on cheques issued against this account, all account holders must sign this authorization. A \$50 service fee will be charged for any payment not honoured by your financial institution. Please advise us in writing at least 15 days prior to your payment withdrawal date if you change your bank or wish to withdraw from the pre-authorized payment plan.			
CREDIT CARD INFORMATION for downpayment or full payment of premium			
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Expiry month: _____ Expiry year: _____			
Credit card number: _____		Amount \$ _____	
Cardholder will pay the issuer the above amount pursuant to the cardholder agreement.			
Cardholder name		Authorized Signature	