



Direct Bill Payment Options for HIC (Hospitality Insurance Company) Policies

Hospitality Insurance Company offers direct bill payment. A deposit premium is collected in order to bind coverage. We offer several pay plans to assist you in paying your premium.

Please note: HIC only finances its own products, and HIC products should not be combined with non-HIC products when financing through a 3rd party source.

Direct Bill Payment Plans

Annual 100% due upon inception/binding

Monthly 20%* of the estimated policy premium is due upon binding with 7 monthly installments (\$5.00 installment fee per installment)

VISA/MC We accept deposit payments and/or installment payments via credit cards

Checks We accept both agency and insured's checks. A faxed copy of the check payable to HIC will bind the coverage with the original check mailed to the company at – HIC, 106 Southville Road Southborough, MA 01772

Outside Financing If insured is financing the premium with an outside finance company a copy of the finance agreement will bind coverage. The finance company should send the check in full directly to HIC (see address above).

ACH 20%* of the estimated policy premium is due upon binding
Electronic Funds Transfer - 7 monthly installments (\$5.00 installment fee per installment)
Complete authorization form on page 2 and include with binder request, referencing your name as the **Customer Name**.

*** 20% or the applicable minimum premium is due based on the following:**

- *Installment option is only available for estimated premiums over \$1,000. Any premium under \$1,000 must be paid in full.
- Hospitality Insurance reserves the right to deny installment options
- A fee of \$25 will be assessed on all policy reinstatements and returned checks
- The applicant also understands, agrees, and promises to pay all costs of collection, including reasonable fees, which may be incurred in the collection process



**ACCOUNT INFORMATION
FOR
Customer Name**

Please use the information below to set up ACH Collection (electronic debits) with the above referenced **Customer Name**. A VOID check sample is attached. A “pre-notification” test transaction will be sent to confirm the account information prior to the activation of the service.

I acknowledge and approve the above referenced transaction with **Hospitality Mutual Insurance Company**. This transaction shall remain in full force until one or both parties send a cancellation notice in writing with (60) days notice to terminate. I further confirm that I am authorized to sign on behalf of the above account.

_____ Date: _____
(Authorized Signature)