

File Edit Breakdown Forms Tools Window Help

Application Page 1 of 2

THIS IS A DOCUMENT

Insured Information:

Name: **Test, Erica**

Address: **123 Main S**

City, State Zip: **Dallas, TX**

Phone Number: **(972) 222-5**

Work Number: **(972) 555-2**

Quote Number: **21**

Company: **Infinity Val**

Rates Effective: **05/19/2008**

Policy Term: **Semi-Annu**

Quote By: **Erica**

Lead Source: **Yellow Pages**

**Research Request**

Your Name:

Agency Name:

Address:

City, State, Zip:

Fax:   Send Research by E-Mail

Available Payment Plans	Premium	Down Payment	Payment Amount	Service Fees	Payment Total
⚠ 5 payments, 15% down (EFT only)	438.00	151.55	60.29	15.00	301.45
⚠ 5 payments, 16.67% down (EFT only)	423.00	154.68	56.66	15.00	283.30
⚠ 5 payments, 16.67% down (Restricted pay plan)	439.00	439.00	0.00	0.00	0.00
⚠ 5 payments, 17.5% down	456.00	163.13	62.08	17.50	310.40
⚠ 5 payments, 20% down	439.00	168.60	57.58	17.50	287.90
⚠ 5 payments, 20% down (EFT only)	423.00	165.40	54.52	15.00	272.60
⚠ 5 payments, 24% down	439.00	182.12	54.88	17.50	274.40