CONTINENTAL AGENCY OF CONNECTICUT

105 SANFORD STREET, HAMDEN, CT 06514
PH. 203-281-6800 FAX 203-288-2312
www.CaNewEngland.com

Name: ______________________________

Billing address: ______________________________

Street: ______________________________

City: ______________________ State: __________ ZIP: __________

Phone: __________ Fax: __________ E-mail: ______________________

By signing this form, you hereby agree to allow us to charge your credit card for the agreed upon amount invoiced by Continental Agency of CT Inc. for any disputed amounts, please contact us directly at (203) 281-6800 to discuss with our billing department.

Confidentiality
This attachment is confidential. It may be read, copied and used only by intended recipients and must not be retransmitted in an amended form without our consent. If you have received it in error, please contact us immediately by return e-mail of by telephone at (203) 281-6800. Please then delete it and do not disclose its contents to any other person.

Your duty of disclosure
Since an insurance contract is based upon the duty of utmost good faith, it is important that those seeking insurance provide full disclosure of all material facts, information or circumstances are material if a prudent underwrite would have reasonably taken them into account in considering the risk-not just in fixing the premium of deciding whether to take the risk. If in any doubt whether information is material, you and/or your client should disclose it.

Quotes
If this attachment contains a quote for the provision of Insurance please be aware that it may have been provided under one of more of a number of underwriting facilities granted to Continental Agency of CT Inc., under which a profit commission may become payable to Continental Agency of CT Inc.We have supplied this quote based on the information you supplied and the underwriting facilities available to us. You may wish to obtain further quotes from different markets in order to satisfy your obligations to your client.

Amount authorized to be applied to credit card: $ ______________________

If credit card is rejected, this will be agency billed. Agency check in full payment must be received within 30 days to avoid cancellation.

Please sign and date below and fax back this form to: ______________________

X: ______________________________

Printed name as appears on card: ______________________ Date: __________

Please check one: ☐ Mastercard ☐ Visa

Credit card number: ______________________ Expiration date: __________ CVV2 code: __________

(Three digit code near signature on back of card)