

Fulmont Mutual Insurance Company**PO Box 487****Johnstown, New York 12095-0487****SIGNATURE PAGE****Name:** _____**Location:** _____**Address:** _____**Policy #:** _____

(For Company Use)

City, State: _____**Social Security #** _____

PLEASE INCLUDE EFFECTIVE DATE & FORM

EFFECTIVE DATE: _____**FORM: CHECK TYPE OF POLICY YOU ARE WRITING. CHECK FORM THAT APPLIES-**BOP: ☐ STANDARD BOP ☐ DELUXE BOPCOMMERCIAL FIRE ☐ SMP ☐HO ☐ MHO ☐ FORM ☐ ML1 ☐ ML2 ☐ ML3 ☐ ML4 ☐ ML8DWELLING FIRE ☐ FORM ☐ FL1 ☐ FL2B ☐ FL3BLLP ☐ FORM ☐ FL1 ☐ FL2B ☐ FL3B

1. ☐ Down Payment \$ _____ By Check ☐ By Credit Card Payment
2. ☐ Full Payment \$ _____ By Check ☐ By Credit Card Payment
3. ☐ E-Check Payt \$ _____ Amount to be transferred BANK NAME: _____
- BANK ABA # _____ BANK ACCOUNT # _____
- PHONE # _____ EMAIL: _____

Credit Card Billing Information:Payment Amount: \$ _____ Type of Card: ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Day phone #: _____ Account # _____

Expiration Date: _____ C V V # _____ (security code usually found on reverse side of card)

*Name &/or Address of cardholder if different from above: _____

# of Payments	Amount Billed	Billing Fee	When is my bill due?
1 <input type="checkbox"/>	100% paid by due date	\$-0-	Due date or anniversary date
4 <input type="checkbox"/>	4 payments of 25% each	\$6.00 on payments 2-4	1 st : Original due date or anniversary date 2 nd : 60 days from effective/anniversary date 3 rd : 120 days 4 th : 180 days
6 <input type="checkbox"/>	Down payment of 25%, 5 remaining payments of 15% each.	\$6.00 on payments 2-6	1 st : Original due date or Anniversary date 2 nd : 60 days from effective/anniversary date 3 rd : 90 days 4 th : 120 days 5 th : 150 days 6 th : 180 days
8 <input type="checkbox"/>	Down payment of 30% 7 remaining payments of 10% each.	\$6.00 on payments 2-8	1 st : Original due date or Anniversary date 2 nd : 60 days from effective/anniversary date 3 rd : 90 days 4 th : 120 days 5 th : 150 days 6 th : 180 days 7 th : 210 days 8 th : 240 days

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the Insurer to which this application is assigned. Subsequent consumer reports may be requested in connection with an update, or renewal or extension of the Insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested-and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000.) and the stated value of the claim for each such violation.

Applicants Signature _____

Agency Name & Number _____ DATE: _____