



# Kodiak Insurance Company

P O Box 91149  
Mobile, AL 36691  
Tel: (800) 826-6570  
Fax: (251) 633-2944, (251) 633-2388

## Billing Request Transmittal

Producer Name	Producer Code
Address	City, State, Zip

Please check appropriate boxes in each section.

### Reason for Request

*New Business*                       *Renewal*                       *Endorsement*

Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_

### Insured Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Federal ID: \_\_\_\_\_

### Billing System – Choose One

*Agency Bill*                       *Direct Bill*

### Payment Plan Options – Choose One:

Account Balance	Available Payment Plans
\$0 to \$499	<input type="checkbox"/> 1 – Pay
\$500 to \$999	<input type="checkbox"/> 1 – Pay <input type="checkbox"/> 2 – Pay
\$1,000 to \$1,999	<input type="checkbox"/> 1 – Pay <input type="checkbox"/> 2 – Pay <input type="checkbox"/> 3 – Pay <input type="checkbox"/> 4 – Pay
\$2,000 or Greater	<input type="checkbox"/> 1 – Pay <input type="checkbox"/> 2 – Pay <input type="checkbox"/> 3 – Pay <input type="checkbox"/> 4 – Pay <input type="checkbox"/> 9 – Pay

- 1 – Pay    100% paid at policy inception
  - 2 – Pay    50% at inception, 50% at 120 days \*\*
  - 3 – Pay    40% at inception, 30% at 90 days \*\*, 30% at 180 days \*\*
  - 4 – Pay    25% at inception, 25% at 50 days \*\*, 25% at 140 days \*\*, 25% at 230 days \*\*
  - 9 – Pay    20% at inception, 8 Equal payments every 30 days \*\*
- \*\* Number of days after policy effective date.

#### NOTE

Once a billing system and payment plan is entered into our system they cannot be changed. Any endorsements made to the policy after issuance will be spread out over the outstanding installments. If there are no outstanding installments, the premium will be due in full on the latter of the effective date or the process date of the endorsement.