

PERMISSION TO BILL AND SEND NOTICES

(MUST BE COPIED ON INSURED'S LETTERHEAD)

To: Express Premium Finance Company, LLC
5601 N. Classen Boulevard, Suite 101
Oklahoma City, OK 73118

Re: Premium Finance Agreement dated _____

Insured's Name _____

Total Premiums \$ _____

To Whom It May Concern:

The undersigned authorized representative of

(Named Insured)

authorizes _____ to receive on
(Party To Whom Bills And Notices Go For Payment)

our behalf all bills for premium finance payments and to remit payment to Express Premium Finance Company, LLC for all premiums financed under the above referenced premium finance agreement.

Furthermore, _____ shall receive
(Party To Whom Bills And Notices Go For Payment)

all notices, including but not limited to, intent to cancel and/or cancellation notices for the insurance policy(s) financed on this agreement. In addition, I understand that this

special billing/notification arrangement does not release _____
(Named Insured)

from any duties and/or obligations set forth under this premium finance agreement.

(Name of Insured or Insured's authorized representative)

(Signature of Insured or Insured's authorized representative)

(Title)

Date