



HOME OFFICE ADDRESS:  
111 N. Higgins, Suite 600  
Missoula, MT 59802

PHONE:  
(800) 367-2577

MAILING ADDRESS:  
PO Box 9169  
Missoula, MT 59807-9169

**POLICY DECLARATIONS**

NOTICE: THE POLICY IS A CLAIMS MADE AND REPORTED POLICY. NO COVERAGE EXISTS UNDER THE POLICY FOR A CLAIM WHICH IS FIRST MADE AGAINST THE INSURED OR FIRST REPORTED TO THE COMPANY BEFORE OR AFTER THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. PLEASE READ THE ENTIRE POLICY CAREFULLY.

POLICY NUMBER: ALPS32711- 1

Item 1 – Named Insured: Findley-Wolf Law  
Address: 631 Strander Boulevard, Suite G  
Seattle, WA 98117

**APPROVED**

*By Diane Baer - Risk Management at 12:20 pm, Dec 16, 2024*

Item 2 – Retroactive Coverage Date: 10/13/2023

Item 3 – Name of Each Insured Attorney: Findley-Wolf, Natalie D.

Item 4 – Policy Period:

Effective Date and Time: 10/13/2024 at 12:01 AM at the address stated in Item 1.  
Expiration Date and Time: 10/13/2025 at 12:01 AM at the address stated in Item 1.

Item 5 – Limit of Liability: \$ 1,000,000 Each Claim\*  
\$ 2,000,000 Aggregate

Item 6 – Deductible: \$ 5,000 Each Claim\*


Item 7 – Annual Premium: \$ 1,682.00

Item 8 – Endorsements attached at inception of the policy form Premier (07-24):

Signature Page WA Amendatory Excluded Entity

\* Important Notice: All Claims that arise out of or in connection with the same Professional Services or Interrelated Wrongful Acts, whenever made and without regard to the number of Claims, claimants, or implicated Insureds, shall be treated as a single Claim.

All current and previously submitted application forms delivered to the Company are made a part of the Policy. The Named Insured may obtain a copy of all application forms by submitting a written request to the Company.

Countersigned by:   
Authorized Representative

Date: 08/05/2024



**Lawyers Professional Liability Insurance Policy**

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Named Insured: Findley-Wolf Law

Policy No. ALPS32711- 1

Effective Date: 10/13/2024

**SIGNATURE PAGE**

IN WITNESS WHEREOF, ALPS Property & Casualty Insurance Company has caused this Policy to be executed and attested, but this Policy shall not be valid unless countersigned by a duly authorized representative of ALPS Property & Casualty Insurance Company.

A handwritten signature in black ink, appearing to read "D. Bell", enclosed in a rectangular box.

[David A. Bell, President]

A handwritten signature in black ink, reading "Bradley D. Dantic", enclosed in a rectangular box.

[Bradley D. Dantic, Secretary]



P.O. Box 9169, Missoula, MT 59807-9169  
(800) 367-2577 | (406) 728-3113 | Fax: (406) 728-7416  
www.alpsinsurance.com

August 02, 2024

Natalie Findley-Wolf  
Findley-Wolf Law  
631 Strander Boulevard, Suite G  
Seattle, WA 98117

## ALPS EASY RENEWAL

Dear Ms. Findley-Wolf:

Thank you for choosing ALPS to provide your firm's professional liability insurance this past year. We recognize that you have a choice in carriers and appreciate the value of your time. To get you back to your clients more quickly, I have enclosed a short 1-page Material Information Form (MIF) *and* your renewal quote for your ALPS professional liability insurance. Your current policy expires on 10/13/2024.

In addition to placing your Lawyers Professional Liability Insurance with ALPS, you did have ALPS Cyber Response and did not have ALPS Law Firm Protect. ALPS Cyber Response provides coverage for claims associated with a cyber-security breach, and also covers breach response services to mitigate the situation. ALPS Law Firm Protect is Employment Practices Liability Insurance (EPLI) that covers your firm in the event of an employment practices complaint. They will both be included in your quotation.

If you **answer NO to all** of the questions on the Material Information Form, then **the attached quotation is valid**. Please return the completed, signed and dated Material Information Form along with completed acceptance, premium payment, finance forms and any preconditions by your renewal date of 10/13/2024.

If you **answer YES to any** of the questions, the **attached quotation may no longer be valid**. Please return the completed, signed and dated Material Information Form to me at [bkasauskas@alpsinsurance.com](mailto:bkasauskas@alpsinsurance.com).

Please feel free to call me at **(800) 367-2577** or email me if you have any questions about this process. I look forward to working with you during the process, as well as throughout the policy period.

Sincerely,

Barb Kasauskas  
Account Manager  
Authorized Representative  
ALPS Property & Casualty Insurance Company

# APPLICATION

For Lawyers Professional Liability Insurance | A Claims Made & Reported Policy



## Material Information Form for Continued Coverage

Law Firm Name: Findley-Wolf Law Policy Effective Date: 10/13/2024

Business Address: 631 Strander Boulevard, Suite G, Seattle, WA, 98117

Attorney Designated as Firm's Primary Insurance Contact\* (see signature page):

Name: Natalie Findley-Wolf Email: ndfindley@gmail.com

If there is another person in the Firm whom we should also communicate, please designate:

Name: Natalie D Email: ndfindley@gmail.com

Thank you for selecting ALPS for your Lawyers Professional Liability Insurance. If you answer "No" to all questions, you will be able to review your quote and accept all in one easy process. If you answer 'Yes' to any question, please provide an explanation for each answer and submit the form. Your account manager will notify you as soon as your quote is ready to view and accept.

### In the immediately preceding 12 months, have any of the following occurred:

1. Has the Firm added any Attorney(s) or has any Attorney left the Firm?  Yes  No
2. Has there been any change to the Firm's name, physical address, or mailing address?  Yes  No
3. Has the Firm begun offering professional services in a state not previously disclosed?  Yes  No

**\*If yes, list County/State(s) and % revenue from each:**

4. Has the Firm added or removed an area of practice or changed the percentage of the Firm's practice devoted to a specific area of practice?  Yes  No
5. Have you or will you render professional legal services to any for-profit Organization in which you serve as an owner, officer, director, employee, general counsel, or other fiduciary, or in which you serve in any capacity to directly or indirectly control, operate or manage such entity?  Yes  No
6. Has any Attorney in the Firm acquired any financial interest, ownership interest or other beneficial interest in a client's business?  Yes  No
7. After **inquiry** with all employees, Attorneys, and Contract Attorneys of your Firm: Does anyone have knowledge of any known or potential claim, fact, circumstance, act, error, or omission that has not been disclosed to ALPS and that is or could reasonably be expected to be the basis of a claim (regardless of merit) against any current or former employee, Attorney, or Contract Attorney of the firm or any Predecessor firm?  Yes  No
8. Has any disciplinary investigation or inquiry commenced or has any disciplinary complaint been made against any Attorney or Employee in the Firm before any court, administrative agency, or regulatory body, including but not limited to the SEC, or office of any state bar disciplinary counsel?  Yes  No
9. Has any Attorney in the Firm been refused admission to practice, disbarred, suspended from practice, or been reprimanded by any court or administrative agency; or is any attorney currently under investigation?  Yes  No
10. Has any current or former Attorney or Employee of the Firm been under investigation, charged with or been convicted of a felony or misdemeanor (excluding misdemeanor traffic violations)?  Yes  No

**IT IS AGREED THAT ANY CLAIM OR WRONGFUL ACT ARISING FROM OR IN CONNECTION WITH ANY SUIT, FACT, EVENT, CIRCUMSTANCE, ACT, ERROR OR OMISSION THAT SHOULD HAVE BEEN DISCLOSED TO ALPS IN RESPONSE TO THE CLAIM HISTORY SECTION OF THIS APPLICATION, AND NOT ALREADY REPORTED TO ALPS, WILL BE EXCLUDED FROM COVERAGE UNDER THE INCEPTING POLICY.**

# APPLICATION

For Lawyers Professional Liability Insurance | A Claims Made & Reported Policy



**NOTICE TO THE APPLICANT - PLEASE READ THIS SIGNATURE PAGE CAREFULLY**

**RELEASE OF CLAIMS INFORMATION:** By executing this application, the Authorized Person hereby authorizes any prior insurer to release the applicant Firm's claims information to ALPS.

**DEFENSE OF CLAIMS:** In applying for coverage, the Authorized Person agrees that, in the event of a covered claim, ALPS will defend the applicant Firm and that, if the applicant Firm has not purchased first dollar defense cost coverage, the deductible shall apply to all sums payable under the policy as damages and claim expenses. If the applicant elects to defend a claim without involving ALPS in the defense of the claim, no coverage for that claim will be afforded the applicant Firm under the policy.

**CLAIMS MADE AND REPORTED POLICY:** The Authorized Person understands and agrees that the policy applied for is a "Claims Made and Reported" policy. Therefore, the applicant Firm must immediately report any claim to ALPS while the policy is in force. No coverage exists under the policy for a claim that is first made against an Insured or first reported to ALPS before or after the policy period or any applicable extended reporting period.

**FAILURE TO REPORT CLAIMS AND CIRCUMSTANCES:** Failure to report any claim made against the applicant Firm or any attorney in the applicant Firm under any current or previous insurance policy, or the failure to timely disclose facts, events or circumstances which may give rise to a claim against any current or prior insured, may result in the absence of insurance coverage for any such claim, facts, events, or circumstance which should have been reported, and may result in the cancellation or rescission of any policy ALPS may issue in reliance upon this application.

**COMMITMENT TO PRIVACY:** ALPS is committed to safeguarding the confidentiality, integrity and security of your non-public, personal information. Therefore, ALPS will not disclose your personal information to any third parties, except as permitted by law, unless you direct ALPS to do so or if ALPS is compelled by law to do so.

**APPLICATION IS NON-BINDING:** By signing this application, the Authorized Person understands that ALPS is not obligated to issue any quotation for insurance coverage or any policy and the applicant Firm is not obligated to accept any quotation for insurance coverage or purchase any such insurance coverage from ALPS.

**AUTHORIZED PERSON MUST SIGN APPLICATION:** This application must be signed by an authorized principal, partner, shareholder, member, owner or other authorized person (the "Authorized Person") acting on behalf of the applicant Firm. The Authorized Person represents to ALPS that the Authorized Person has authority to designate the Primary Insurance Contact\* set forth on page 1 of this application and to execute and deliver this application to ALPS on behalf of the applicant Firm.

\*Primary Insurance Contact means an Attorney who is authorized to communicate with ALPS at any time and to make all decisions and take all actions on behalf of the Named Insured with respect to all policy terms and conditions, including, but not limited to, the giving and receiving of all notices, consents, communications and correspondence, the cancellation or non-renewal of any insurance policy ALPS may issue, the payment of any premiums and deductible due under said policy, and the receipt of any return premium that may be due under said policy.

**APPLICANT REPRESENTATIONS AND ASSURANCES:** The Authorized Person hereby represents to and assures ALPS Property & Casualty Insurance Company ("ALPS") that the information contained in this application is true and correct as of the date this application is executed and that ALPS shall be entitled to rely upon this application as the basis of any insurance policy ALPS may issue to the applicant Firm. The undersigned acknowledges and agrees that this application shall be deemed incorporated into any insurance policy ALPS may issue to the applicant Firm.

The Authorized Person further represents to and assures ALPS that the applicant Firm will report to ALPS (as soon as practicable) any material change in any answers, responses, facts or information set forth in this application or any supplemental application submitted herewith, including, but not limited to, the existence of any claim(s) or any facts, events or circumstances which may give rise to a claim. The undersigned agrees that these representations constitute a continuing obligation and that the applicant Firm has a continuous duty throughout the policy period to update this application, its supplements and attachments for any such material changes.

The Authorized Person further declares that if any significant change in the condition of the Applicant Firm or proposed insureds is discovered between the date this application is signed and the effective date of the Policy, which would render the information in this application inaccurate or incomplete, any such information will immediately be reported in writing to ALPS and **ALPS modify or withdraw any outstanding quotations that have not been accepted.**

Natalie Findley-Wolf

Signature of Authorized Person

Owner

Print or Type Name/Title

08/02/2024

Date (mm/dd/yyyy)

# APPLICATION

For Lawyers Professional Liability Insurance | A Claims Made & Reported Policy



## NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** A person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is guilty of fraud.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

# APPLICATION

For Lawyers Professional Liability Insurance | A Claims Made & Reported Policy



**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the 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 subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

PAGES 3 AND 4 ARE PROVIDED PURSUANT TO CERTAIN STATE INSURANCE LAWS.  
YOU DO NOT NEED TO RETURN THOSE PAGES TO ALPS.

## Your ALPS LPLI Quote Details

To select your desired limits, deductible and policy option, please click on the corresponding price within the grid.

Limit / Aggregate	Deductible	Premier
\$1,000,000 / \$2,000,000	\$5,000	\$1,682
\$1,000,000 / \$2,000,000	\$10,000	\$1,622
\$1,000,000 / \$2,000,000	\$15,000	\$1,562

### Additional insurance policies available to you:

NOTE: The following quotations for Employment Practices Liability Insurance (EPLI) and Cyber Risk and Security Breach Responsibility Liability Insurance (Cyber) are provided on an Opt-Out Basis. If you wish to decline coverage under either EPLI or Cyber, you may do so, by checking Decline on the Acceptance Page.

#### Employment Practices Liability Insurance (EPLI)

Retroactive Date: 10/13/2024

Limits	Deductible	Premium
\$100,000 / \$100,000	\$5,000	\$75

#### Cyber Risk and Security Breach Response Liability Insurance (Cyber)

Retroactive Date: 10/13/2023

Limit	Deductible A	Deductible B	Premium
\$100,000	\$2,500	\$2,500	\$65



### **ADDITIONAL QUOTATION INFORMATION**

The quotation for Lawyers Professional Liability Insurance may be offered under one or more of our new ALPS policy forms effective (07-24).

#### **PRECONDITIONS TO BINDING COVERAGE AND ISSUING POLICY:**

Receipt of:

- **Completed and Signed Acceptance Page**
- **Appropriate payment**
- **Payment arrangement form**

PLEASE NOTE: In order to honor the firm's effective date of 10/13/2024, all acceptance material and premium payment must be received on or before 10/13/2024.



**EXCLUDED ENTITY ENDORSEMENT**

In consideration of the premium paid, it is understood and agreed that the **Policy** is amended as follows:

SECTION 3 -- EXCLUSIONS

The following EXCLUSIONS are added to SECTION 3 - EXCLUSIONS to read in their entirety as follows:

THIS **POLICY** DOES NOT APPLY TO ANY actual or potential **Claim** arising from a **Wrongful Act** arising from, in connection with, or related in any manner to **Professional Services** rendered or that should have been rendered by the **Insured** in regard to the **Insured's** relationship with or **Professional Services** rendered for and on behalf of, or rendered to, each EXCLUDED ENTITY identified below.

FURTHER, THIS **POLICY** DOES NOT APPLY TO any actual or alleged facts, events, circumstances, transactions or matters arising from, in connection with, or related in any manner to the EXCLUDED ENTITY described below, or derived from the same or substantially similar facts, events, circumstances, transactions or matters related to the EXCLUDED ENTITY described below.

EXCLUDED ENTITY:

Law Office of Amy Muth PLLC

ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS REMAIN UNCHANGED.

ACCEPTANCE PAGE

Name Insured: Findley-Wolf Law

Effective Date of Coverage: 10/13/2024

Acceptance Deadline: 10/13/2024

**Lawyers Professional Liability Insurance (LPLI)**

Write the LPL option you have chosen from the table of annual premium quotations for LPLI and the corresponding premium.

Retroactive Date	Limit per claim	Aggregate	Deductible		Premium
10/13/2023	\$1,000,000	\$2,000,000	\$5,000		\$1,682

By signing the Representation below, the undersigned understands, acknowledges and accepts the following enhanced or exclusionary, modifying, or limiting endorsement (s) to LPLI (**Premier**).

LPL-WA-SAE(07-24)

Excluded Entity(s)

NOTE: If you wish to decline coverage under either EPLI or Cyber, you may do so by checking the applicable box below indicating that you are declining such coverage.

**Employment Practices Liability Insurance (EPLI)**

Retroactive Date	Limit per claim	Aggregate		Deductible	Premium	Check Box if Declining Coverage
10/13/2024	\$100,000	\$100,000		\$5,000	\$75	<input type="checkbox"/>

**Cyber Liability and Data Response Policy (Cyber)**

Retroactive Date	Aggregate		Deductible A	Deductible B	Premium	Check Box if Declining Coverage
10/13/2023	\$100,000		\$2,500	\$2,500	\$65	<input type="checkbox"/>

**Total Premium**

Premium for LPLI	\$1,682
Premium for EPLI: (cross-out if declining coverage)	\$75
Premium for Cyber: (cross-out if declining coverage)	\$65
<b>Total Premium: (Add Premiums for LPLI, EPLI, and Cyber)</b>	<b>\$1,822</b>

**REPRESENTATIONS AND ASSURANCES:** The undersigned, acting as an authorized representative on behalf of the applicant firm, hereby represents to and assures ALPS Property & Casualty Company ("ALPS") that:

1. Unless I have declined coverage by checking the box provided above, the firm accepts the coverage under the Employment Practices Liability Insurance – EPLI and/or the Cyber Risk and Security Breach Liability Insurance – Cyber.
2. If accepting the coverage under EPLI or Cyber, I am not currently aware of any claim(s) or any facts or circumstances which may give rise to a claim under either EPLI or Cyber; and
3. Except as otherwise disclosed in writing or electronically to ALPS there exists no changes to the answers and information set forth in the most recent Application the firm has submitted to ALPS, including all supplements and attachments thereto.

Date: 08/02/2024

Natalie Findley-Wolf  
Owner, partner or corporate officer

Reference Number: R-520235

Owner  
Print or Type Name and Title

## ALPS PAYMENT ARRANGEMENTS & PREMIUM FINANCE FORM

Thank you for selecting ALPS for your Lawyers Professional Liability Insurance. Please complete **all pages** of this form to designate your payment, finance, and billing preferences:

### Step 1. Payment Amount

Please designate the amount of your policy premium you are paying today.

- 100%  Minimum Down Payment of 35%  Other \$ 637

**If less than 100%**, please also designate your choice of premium finance terms for the balance of the premium:

- 9 months @ 8.99% (This option is not available for policies with premium under \$1,000)
- 6 months @ 7.49%
- 3 months @ 7.49%
- 3 months @ 0% **(The 0% financing option is available for check or electronic check payments ONLY). Any payment made later than 15 days from its due date will result in an automatic application of 7.49% APR interest for all future payments. If this option is checked but only credit card information provided, you will be defaulted into 3 months @7.49%.**

Following the down payment, 9, 6, or 3 equal payments will be due the next 9, 6, or 3 months of the policy.

*Details on the amount financed, monthly payment and due dates will be calculated upon policy issuance. Failure to remit premium finance payments as per the terms of the premium finance agreement may result in the cancellation of your policy and / or your ineligibility to finance premium in the future. All payments returned for any reason are subject to a \$25 fee.*

### Step 2. Method of Payment

Please designate how you would like to make your payment.

- Check enclosed; made payable to ALPS.
- Electronic check; fill out account information on the next page and sign Step 3. **(Preferred method)**
- Credit Card; fill out account information on the next page and sign Step 3. (Not available for 3 months @0%)

Amount of full or down payment \$ 637.00

### Recurring Billing Option

If you chose to finance your premium in **Step 1**, would you like to sign up for recurring billing where your account will be debited automatically each month?

- No thanks, bill me monthly  
Invoices/payment receipts are delivered by ALPS directly to the primary contact's email address using [mailer@omnimailler.co](mailto:mailer@omnimailler.co). If you do not agree to receive these items electronically, please contact your account manager or the finance department at 406-728-3113.
- Yes, please charge my account automatically each month.
- Payments may be made with credit card for the 9@8.99%, 6@7.49% and 3@7.49% options.
  - Electronic check (the preferred method of payment) is the only method accepted for 3@0%.

For automatic payments, this authorization is valid and will remain in effect for the full premium finance terms unless ALPS receives written notice of its cancellation 10 business days prior to the next scheduled payment. Written notice should be addressed to ALPS at the address provided at the bottom of this form

*Please continue to the next page*

# ALPS PAYMENT ARRANGEMENTS & PREMIUM FINANCE FORM

## Electronic Check Information:

My Account Information is as follows:

Bank Account Type  Checking  Savings  Business Checking

Bank Name : \_\_\_\_\_  
 Customer's name as it appears on Bank account : \_\_\_\_\_  
 Bank ABA Routing Number : \_\_\_\_\_  
 Bank Account Number : \_\_\_\_\_



ABA Routing Number	Checking Account Number
--------------------	-------------------------

## Credit Card Information (this option is NOT available for 3 months @ 0%):

Visa  MasterCard  Discover  American Express

Card Number: \_\_\_\_\_ CSV Code \_\_\_\_\_  
(Where do I find this?)

Exp. date: \_\_\_\_ / \_\_\_\_ Billing zip code of the card: \_\_\_\_\_

Name on the card: \_\_\_\_\_



**PLEASE CONTINUE TO PAGE 3 FOR SIGNATURES NEEDED FOR AUTHORIZATION**

*Please continue to the next page*

**ALPS PAYMENT ARRANGEMENTS & PREMIUM FINANCE FORM**

**Electronic Check Information:**

This agreement provides authorization for individual or recurring debit entries to personal or business accounts to be initiated by ALPS when authorized via phone, fax, email, or written consent. This agreement will remain in effect until canceled in writing. Both parties agree that this agreement, in conjunction with authorization provided per the stated acceptable methods, constitutes authorization to debit the personal account listed below. I agree not to dispute any debits provided the transaction(s) correspond to the agreed upon terms.

I authorize ALPS to debit the business or personal account indicated on Page 2 of this agreement for the payment amount specified under step one above and any future authorized debits, provided each transaction is initiated according to the terms of this agreement.

**E – Check Authorization (only sign IF using E-Check as payment method)**

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

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

**Step 3. Signature and Authorization for ALL payment methods**

By signing below, I acknowledge and agree to the payment arrangements and/or premium finance terms stated above.

Signature Natalie Findley-Wolf Date: 08/02/2024

Please complete, sign and date the Acceptance Page and return with these Payment Arrangements & Premium Finance Forms along with any Preconditions listed on the Additional Quotation Information page. Please send to:

**ALPS  
PO Box 9169  
Missoula, MT 59807-9169  
Or fax to (406) 728-7416**