



PAYMENT INSTRUCTIONS

All payments should be submitted through the ePayPolicy link:

<https://cig-llc.epaypolicy.com/>



1. **PAYER** = Provide who's making this payment.
2. **EMAIL ADDRESS** = Provide the email you wish to receive a copy of the receipt that will be e-mailed.
3. **ACCOUNT TYPE** = Indicate who's account your using to make this payment.
4. **ACCOUNT NUMBER** = Use 99999 as default unless you have been provided a specific account number.
5. **ACCOUNT NAME** = Provide the name on the account you are using to make payment.
6. **INVOICES** = "Click" to add payment amount. (be sure to type in payment amount)
7. **TOTAL OF SELECTED INVOICES** = This will automatically be pre-filled after step 6.
8. **PAYMENT TYPE** = Indicate how you're making this payment. Credit Card Payment (3.25% fee) or ACH/eCheck (\$3)
9. **PAYMENT INFORMATION** = Provide payment information - Card details or eCheck information.
10. **NOTES** = Provide your agency name, the insureds name, and/or policy number if known.

*There is a disclaimer at the bottom, that must be read and acknowledged before you can continue. Be sure to check the box provided - **BEFORE** you submit the payment. *

- We have arranged more favorable terms with our finance provider to offer a reduced down payment option of only 15% down of premium and taxes, plus 100% of all fees. If the insured does not wish to take advantage of the program, we can revise the down payment amount to the standard 25%.

- We can also accept payment in full.

Commercial Insurance Group, LLC



Please select the desired payment option from the choices below:

- CIG Financing:** Standard down payment amount of 25% of premium and taxes, plus 100% of all fees
- Pay the Total Payable Amount (including all premium, taxes, and fees) in full – insured or mortgagee
- Finance premium through your agency's preferred finance company - minimum down payment amount due to CIG is 25% of premium and taxes, plus 100% of all fees

A finance contract will be provided for CIG financing options above.

By pressing the "Pay Now" link (above) and completing the processing of their Credit/Debit card or ACH payment, the insured agrees to be bound by the terms and conditions stated on the policy (policies) for which this payment applies. Any refunds available to the insured will be governed by the terms, conditions, and refund policy of the insurance company from which the insured has applied for insurance.

We process credit cards and e-checks through ePayPolicy, a secure and highly trusted third- party vendor. There is a small fee that is calculated before you authorize the payment (3.25% for credit card or a flat \$3 fee for e-checks).

Thank you for your continued business.

Sincerely,

Mack Hone

Chief Financial Officer
Commercial Insurance Group, LLC
Direct: 719-301-1702
Email: Mack@cig-llc.biz

Payer

Date

Disclaimer: Commercial Insurance Group, LLC will pursue to the fullest extent allowed by law, collection directly from agent and/or insured, including but not limited to: 3rd party collection agency, the Agent's Bond, or small claims court. CIG may report agent failure to remit premium to any State insurance authority.

Commercial Insurance Group, LLC

Mailing Address: P.O. Box 60190 Colorado Springs, CO 80960-0190
Phone: (303) 900-2960 Fax: (719) 623-4699

Website: www.cig-llc.biz • Online Rater: www.bigfoot.insure

In California: Bigfoot Specialty Insurance Agency, LLC (License #0H38597)

THIS FORM IS FOR A DRAFT FROM "YOUR" AGENCY TRUST ACCOUNT ONLY. DO NOT PROVIDE INSURED'S INFORMATION OR SEND INSURED'S VOIDED CHECK.



AGENT CHECK DRAFT AUTHORIZATION

On _____ (Date), I _____ (Account Holder Name), of _____ (Company Name), hereby authorize Commercial Insurance Group, LLC, or our authorized vendor, to duplicate the attached, or otherwise provided check, in bank draft form.

This authorization is valid for this transaction only. The transaction amount will be for exactly \$_____.

This payment is for (check one): Down Payment Full Payment Other of Insurance premiums due for _____ (Client/Company Name).

The undersigned agrees to all terms and conditions on this page and any other contract or document that accompanies this agreement. And, certifies that they are the authorized account holder for this Account. The undersigned understands this is a binding agreement and they will receive a copy of each check draft in their bank statement when the item has cleared.

The undersigned also understands that if their item or items, are returned unpaid for any reason, including, but not limited to, NSF, uncollected funds, invalid or closed account, stop payment, or any other reason, Commercial Insurance Group, LLC will attempt to redeposit the item or items, and may choose to assess a returned check charge in the same or separate draft for \$25, or the maximum returned check charge allowed in their State.

Authorized Account Holder Signature

Date

Instructions
:

1. Attach Voided Check Here
2. Email this completed form to your underwriter at CIG

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