



Highview National Insurance Company
Commercial Insurance Proposal

Electronic Debit Authorization:

I hereby authorize Highview National Insurance Company to initiate pre-authorized debit transfers on behalf of my business for (select one) [] one-time use [] all policy payments, based on the information outlined below:

Please email this form to accounting@highviewins.com.

Name of Policyholder:
Bank Address: Address City State Zip
Phone Number:

Type of Account: [] Checking [] Savings

Name on Bank Account:
Bank Account #: Bank Routing #:
Bank Name:
Receipt Delivery Email:

If one-time electronic debit only:

Payment Date: Amount:
Statement Delivery Preference: [] E-mail [] Mail

(OPTIONAL) Attach a voided check to assist us in verifying your account information.

Authorized Signature: Date Signed:
Printed Name:

We will send billing statements to give you advance notice of each debit amount as a courtesy to you. (The procedure for calculating premium is set forth in your policy.) We cannot guarantee that you will receive this notice or that the notice will be received in advance of the electronic debit. All payments are due in accordance with your policy terms.

This proposal expires the sooner of (30) days after the proposal date or the proposed inception date; coverage may not be bound retroactively. Coverage and rate indications reflect currently approved and executed forms and factors and may be subject to change. Only HNIC policy forms issued at inception provide coverage, terms and conditions.