

Applicant: **BEEVILLE ISD**
Quote Number: **Q003489312** Quote Version: **0000** Quote Issue Date: **06/08/2016**
Agent: **FROST INSURANCE AGENCY INC**
Underwriter: **TERESA A. JANEK**
Renewal of: **0001227693**

The earliest effective date of coverage will be the date a complete submission and the proper payment are received by Texas Mutual Insurance Company, unless a future effective date has been requested. This does not apply to Start policies.

NOTE: Payment received does not guarantee coverage.

Please select one of the four options below.

PAYMENT IN FULL:

1. Out-Of-Network <input type="checkbox"/>	2. In-Network <input type="checkbox"/>
Estimated Annual Premium: \$115,922.00	Estimated Annual Premium: \$102,029.00
Amount Due: \$115,922.00	Amount Due: \$102,029.00
Will the policy premium be financed? ____ If "Yes", which finance company? _____	
NOTE: A COPY OF A SIGNED PREMIUM FINANCE AGREEMENT MUST ACCOMPANY THIS FORM. Send payments to the P.O. Box as listed below.	

- OR -

INSTALLMENT PAYMENTS:

3. Out-Of-Network <input type="checkbox"/>	4. In-Network <input type="checkbox"/>
Estimated Annual Premium: \$115,922.00	Estimated Annual Premium: \$102,029.00
Amount Due: \$17,388.00 (Down Payment)	Amount Due: \$15,304.00 (Down Payment)
INSTALLMENT BILLING PLAN: <ul style="list-style-type: none">• 15% down payment (Send payments to the P.O. Box as listed below.)• 10 monthly installments• \$5 service fee per installment• Financing is not permitted under this billing plan	

Please mail this form along with the amount due for the above selected option to:

Texas Mutual Insurance Company
PO Box 841843
Dallas, TX 75284-1843

Please include your quote number Q003489312 on your check for prompt handling.
Please do not use the above address for other correspondence.

THANK YOU FOR YOUR BUSINESS!