DISCLOSURES FOR PAYMENT PLANS IN EXCESS OF FOUR PAYMENTS

COMPANY	PRODUCER
ALLEGHENY CASUALTY COMPANY P.O. BOX 9810, CALABASAS, CA 91372-9810 TELEPHONE (800) 935-2245	PRODUCER NAME, ADDRESS, PHONE AND PRODUCER LICENSE NUMBER MUST BE PREPRINTED OR STAMPED HERE:

THIS FORM IS TO BE USED WITH THE PROMISSORY NOTE AND INSTALLMENT PLAN FOR UNPAID PREMIUM AND EXPENSES ("NOTE")

Annual Percentage Rate	Finance Charge	Amount Financed	Total of Payments
The cost of your credit at a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments as scheduled.
0.00%	$0.00	$	$

PAYMENT SCHEDULE

☐ Bimonthly ☐ Biweekly ☐ Monthly ☐ Weekly ☐ Other _____

NUMBER OF PAYMENTS	PAYMENT AMOUNT	PAYMENT START DATE	PAYMENT END DATE	PAYMENT ENDING BALANCE (if applicable)

Prepayment: If you pay off early, you will not have to pay a penalty and you will not be entitled to a refund of part of the finance charge.

I (we) agree to all terms and conditions of the Note and this Disclosure, and acknowledge receipt of the same.

Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

See the Note for additional information.

NOT FOR USE IN IDAHO AND INDIANA.