



PACIFIC PREMIUM FUNDING QUOTE REQUEST

SYDNEY
 PO Box 3226
 Sydney NSW 2001
 Ph: 02 9253 3000
 Fax: 02 9253 3001

MELBOURNE
 PO Box 6205, St Kilda Rd
 Melbourne VIC 8008
 Ph: 03 9536 7400
 Fax: 03 9536 7477

BRISBANE
 GPO Box 253
 Brisbane QLD 4001
 Ph: 07 3854 3900
 Fax: 07 3854 3901

ADELAIDE
 PO Box 670
 Fullarton SA 5063
 Ph: 08 8273 5700
 Fax: 08 8273 5701

PERTH
 Unit 9, 100 Railway Rd,
 Subiaco WA 6008
 Ph: 08 9489 0000
 Fax: 08 0489 0011

DATE: _____

INSURANCE BROKER: _____ CONTACT: _____

FACSIMILIE NO. () _____ TELEPHONE NO. () _____

INSURED / BORROWER: _____

BORROWER FULL NAME

IF INSURED DIFFERS FROM BORROWER, PLEASE ADVISE, IN COMMENTS

PREMIUM ANALYSIS

Insurer	Class	Cancellable Y/N *	POLICY TERM		Total Premium Incl. FSL, Duties, Taxes and Broker Fees
			From	To	

* Please indicate any policy which does not have a cancellation clause with pro-rata return premium. Policies to be funded may only be in connection with the purpose of carrying on or establishing a trade, business or profession

TOTAL \$ _____

REQUESTED QUOTE TERMS

Please note: All documents should be in Pacific's office a minimum of 10 days prior to settlement date to ensure settlement terms can be met.

TERM	8	9	10	OTHER Specify			
DEPOSIT	NIL	15%	OTHER Specify				
BROKER COMMISSION	NIL	0.5%	1%	1.5%	2%	OTHER Specify	
SETTLEMENT DAYS	15	30	45	60	75	90	OTHER Specify

SPECIAL COMMENTS / REQUESTS _____

SIGNATURE _____