

Specialty Insurance Payments Form

P.O. Box 4225; Richmond, VA 23220
 Local: 804-267-1528 Toll Free: 1-800-800-5440
 Fax: 804-272-5202

A signed, dated Statement of No Loss *must* accompany any payment on Not Written or Cancelled policies

Convenient auto-filled SONLs can be printed from the policy; to do so: Click "Memos" at the top of the screen, then click "No Loss Statement" in the left column. Blank SONLs are available at our website (www.specialtyva.com).

~Submitting payment without a SONL may cause a reinstatement with a lapse in coverage.~

Please enter information *only* in the portion of the form that corresponds to the payment method. The insured may split tender between payment methods. Customer service can provide amount due Monday-Friday 8 am-5 pm.

Agency Draft EFT Payment:

- ☼ Use this portion of the form *only* for payments to be drafted from your agency's account.
- ☼ You may submit up to 4 unique Agency EFT payments in this table.

Insured's Name	Tender	Date Pmt. Received	Policy Number	Payment Amt.
ex: Doe, John	(Cash, Check, etc)	(MM/DD/YYYY)	(0x-xxxxxx-xx)	\$xxx.xx
Agency Name:				
Agency Code:			Total:	

Credit Card Payment:

- ☼ Use this portion of the form *only* for payment by credit card.

Insured name: _____ Policy #: _____

Card Number: _____ Exp. Date: ____/____ CVV2: _____

Credit Card Type: VISA MASTERCARD Date Payment Received: _____
(circle one) (MM/DD/YYYY)

Amount to be Paid: _____ **+ \$5.00 Credit Card fee =** _____
(Total amt. the insured's card will be charged)

Insured Draft EFT Payment (e-Check):

- ☼ Use this portion of the form *only* for a *one-time* electronic draft from the insured's bank account.
- ☼ Specialty Insurance is not responsible for any fees assessed by the insured's bank as a result of this transaction.
- ☼ Using this option *will not* enroll the insured in our Insured EFT program. If the insured wishes to be drafted monthly, please submit the Insured EFT form, which is available from our website (www.specialtyva.com).

Insured name: _____ Policy #: _____

Date Payment Received: _____ Amount to be Paid: _____
(MM/DD/YYYY)

Routing #: _____ Account #: _____
(9 digits)