

# DISCLOSURES FOR PAYMENT PLANS IN EXCESS OF FOUR PAYMENTS

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

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

| <b>Annual Percentage Rate</b>             | <b>Finance Charge</b>                       | <b>Amount Financed</b>                                  | <b>Total of Payments</b>   |
|---|---|---|--|
| 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 \_\_\_\_\_

| <b>NUMBER OF PAYMENTS</b> | <b>PAYMENT AMOUNT</b> | <b>PAYMENT START DATE</b> | <b>PAYMENT END DATE</b> | <b>PAYMENT ENDING BALANCE (if applicable)</b> |
|---------------------------|-----------------------|---------------------------|-------------------------|---|
|                           |                       |                           |                         |   |

**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.

|                     |                    |               |
|---------------------|--------------------|---------------|
| _____<br>Print Name | _____<br>Signature | _____<br>Date |
| _____<br>Print Name | _____<br>Signature | _____<br>Date |
| _____<br>Print Name | _____<br>Signature | _____<br>Date |
| _____<br>Print Name | _____<br>Signature | _____<br>Date |

See the Note for additional information.

**NOT FOR USE IN IDAHO AND INDIANA.**

