

AmTrust North America, Inc.

Authorization Agreement for Direct Debit Payments

I (we) hereby authorize AmTrust North America, Inc. (AmTrust) to initiate deductions from my (our) financial institution account, identified below, for payment of premium on the insurance policy issued to me (us) by AmTrust on behalf of its insurance company affiliates. I (we) authorize the named financial institution to accept and post entries to my (our) account.

I (we) understand that the first payment will be debited by electronic funds transfer method either on the policy effective date or the date the policy is issued, whichever is later. Payment of each installment will be directly debited from my (our) account on the date referenced on the Direct Debit Payment Reminder notice. If the payment due date falls on a date that is not a business day, the applicable date shall be the following business day. If the policy is set up on the PAYO® (Pay-As-You-Owe®) payment plan, the electronic funds transfer will occur upon transmission of the payroll report from the payroll company assigned to the policy. If the policy is set up on the PAYO® Self Reporting (PSR) payment plan, the electronic funds transfer will occur when the insured initiates payment directly to AmTrust. All payment information will reflect "AmTrust NA".

I (we) understand that this authorization allows AmTrust, in its sole and reasonable discretion, to adjust the monthly or the PAYO® per pay period deductions, to reflect any premium changes with the exception of the final premium audit and any revisions to same thereafter. Any additional premiums due resulting from the final premium audit will be invoiced directly to me (us).

I (we) understand that any refunds due on the policy listed below will be refunded either by ACH or by check and that I (we) authorize AmTrust to make the credit entry to the same account when the refund is processed via ACH.

I (we) understand that, if renewal policies are issued, that this Direct Debit authorization will remain in effect for such renewal policy term, unless I (we) provide reasonable advance written notice to AmTrust of a request to terminate this authorization.

I (we) understand that if payment is dishonored by my (our) designated financial institution from the account specified, this agreement may be considered cancelled and the dishonored payment and all remaining payments may be required to be made by check or other negotiable instrument to ensure the continuance of my (our) coverage. All payments must be paid as invoiced. If a payment is returned to AmTrust for reasons such as account closure or invalidity, then any and all future payments for the policy term will immediately be taken off of Direct Debit. Future payments will be required to be made by check or another negotiable instrument.

Payments returned for the reason of insufficient funds will also be removed from Direct Debit after two (2) occurrences and the insured will be required to make payments by check or another negotiable instrument. Please note that these instances can cause an interruption in service and additional fees may be incurred. A listing of all potential fees can be found in your policy packet. AmTrust has the right to terminate, in its sole and reasonable discretion, this Direct Debit authorization agreement.

Electronic funds transfer is mandatory for policies that are set up as PAYO® (Pay-As-You-Owe®) or PAYO® Self Reporting (PSR). If a payment is returned to AmTrust for reasons such as account closure or invalidity, then I (we) will be responsible for providing a valid account for future debits. I am (we are) also responsible for ensuring that the account is funded prior to any electronic transaction debiting the account. Please note that returned payments can cause an interruption in service and additional fees may be incurred. A listing of all potential fees can be found in your policy packet. AmTrust has the right to terminate, in its sole and reasonable discretion, this Direct Debit authorization agreement.

I (we) shall provide AmTrust with notice of any bankruptcy and advise my (our) financial institution and AmTrust to cease applying direct payments. Should I (we) wish for the direct payments to continue, I (we) will advise AmTrust in writing as to my (our) intention.

Financial institution information must be received for payments to begin withdrawal automatically. If financial institution information is not received timely, the policies listed below could be cancelled for non-payment. All fields on this Authorization Agreement are required to be completed for timely, accurate set-up.

AmTrust North America, Inc.

Authorization Agreement for Direct Debit Payments

Policy Information

Master Account Number*	
Policy Number	

Check Box If PAYO Customer

Last 4 digits of Tax ID Number (PAYO ® ONLY)	
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*If requesting the direct debit payment plan for the master account above, then all policies assigned to that master account must be on direct debit.

Financial Institution Information

Name on Account	
Type of Account	Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/>
Financial Institution Name	
Financial Institution Routing #	
Financial Institution Account #	

To ensure accuracy, please attach a sample check marked 'VOID'.

Example: The numbers located at the bottom of your check are as follows:

|: 123456789 |: 1234567890123 ||
Routing Number Account Number

Each direct debit payment will generate an electronic reminder notice of the premium amount debited. This notice will be e-mailed to the policyholder's e-mail address on file. If an e-mail address is not provided, then you will not receive a direct debit payment reminder.

This authorization will remain in effect until I (we) provide advance written notice to AmTrust of its termination in such time and in such manner as to afford AmTrust a reasonable opportunity to act on it.

Signature of Insured/Policyholder (Required) _____ Date _____

Insured E-mail Address (For e-mail reminder notifications of funds transfer)

(Required)

Additional E-mail Addresses (For PAYO ® payment plan only)

Please Note:

- Allow up to five (5) business days for the processing of this direct debit authorization.
- PAYO ® Self Reporting (PSR) direct debit form is completed online when the insured party registers the policy.

Please utilize one of the following methods to submit your Direct Debit Authorization form:

On-Line: www.amtrustgroup.com (Not Available for PAYO ®) *If completing the form online, a login must be created by the insured to enable access to the Online Direct Debit Authorization process.*
 Phone: (877) 528-7878
 E-mail: AmTrustAR@amtrustgroup.com