Aggressive Insurance®

Payment Correction Request and Affidavit

By signing this form, I am hereby certifying the date and time in which the payment was taken is as stated below.

Policy Number: _____ **Date of Payment:** _____

Name Insured: _____ **Time of Payment:** _____

Payment Amount: _____ **Method of Payment:** _____

Signed by: (Printed Name) _____

Signature: (Agent) _____Date: _____

Agency Name: _____ Code: _____

This form must be completed in its entirety.

Fax or email this form with all supporting documentation, receipt book must accompany the page before, page of and page after. Receipt log from agency management system is accepted.

FAX: (866) 424-9510

Email: Underwriting@aggressiveusa.com

Questions call Customer Service (866) 424-9511 option 2