Peninsula Insurance Group c/o Donegal Insurance Group Attn: Recurring Credit Card Plan 1195 River Road, P.O. Box 300 Marietta, PA 17547-0300

Peninsula's Recurring Credit Card Plan

Available to anyone with a policy written through a Peninsula Insurance Group Company.

Issuing Companies

The Peninsula Insurance Company Peninsula Indemnity Company

FAILED TRANSACTIONS

If we are unable to charge your credit card on the scheduled payment date, in most cases we will make a second attempt in two business days. If we are still unable to successfully charge your account, a paper invoice will be generated for that installment. All future installments will also be billed on paper unless you take action to reinstate credit card payments.

CANCELLED POLICIES

If a policy on the Recurring Credit Card Plan is cancelled, the balance of unpaid earned premium will be charged to your credit card account on the next scheduled payment date.



A Donegal Insurance Group Company

1195 River Road, P.O. Box 300 Marietta, PA 17547-0300 Telephone: (800) 877-0600 Fax: (800) 874-5275

www.peninsulainsurance.com



Pay Your Premiums

Automatically

Using Your Credit Card





Recurring Credit Card Plan Benefits

- Avoid the hassle of writing checks and stuffing envelopes.
- Avoid late payments.
- Save money on postage.
- Choose the payment frequency that works for you.



How Does The Plan Work?

- Your insurance premiums are paid automatically from your credit card account.
- You will receive a payment schedule when your account is established, showing all payment dates and amounts.
- If any premium changes are made during the policy term, a new payment schedule will be generated.

Giving You Peace of Mind

- Avoid worrying about your bill or check being lost in the mail. Protection will continue without interruption.
- We guarantee that the charges to your account will match your payment schedule.



Signing Up Is Quick & Easy

- Simply complete the attached Authorization Form and submit it to us.
- The change will be performed automatically upon receipt of the Authorization Form.
- Please include all policy numbers on the form if you are enrolling multiple policies.

What If I Have Questions?

Contact your Peninsula agent or our Call Center at:

1-800-877-0600, Press 8

Fax Form To: 800-874-5275

RECURRING CREDIT CARD PLAN

AUTHORIZATION FORM

All requested information is required. Account Number or Policy Number(s): (Do not list Homeowners policy if escrowed and paid by mortgage company.) Account or Policy Holder Name: We accept WSA and MasterCard credit cards. Credit Card Acct.#: _____ Security Code (CVV2/CVC2):_____ Expiration Date: Name as it appears on credit card: Billing Address: I hereby request and authorize Peninsula Insurance Group and its affiliates to charge my credt card as indicated above to pay premiums for the above listed policies or other policies authorized. This authority is to remain in full force until Peninsula Insurance Group terminates it or has received written notification of its termination and has sufficient time to act on it. Signature__ (Credit Card Holder) Signature _

(Regular installment fees apply.)