

J O I N

the

ENCOMPASS

EASY PAY PLAN

FAST, EASY, SAFE

Now you can pay your insurance premiums without the hassle of monthly bills. Simply participate in the Encompass Easy Pay Plan. Set it up once and forget it, confident that your monthly premium payments will be made automatically, right on schedule.*

You'll be happy to know that Encompass doesn't charge installment fees for Special, Deluxe, and Elite levels of coverage when you use this payment method. For Special Value Coverage the installment fee is only \$1.00.

*Timely payment assumes there are sufficient funds in your account to cover the full amount of the required payment on the date that the Encompass Easy Pay Plan withdrawal is attempted.

Encompass Insurance Company of America
Encompass Property and Casualty Company
Encompass Independent Insurance Company
Encompass Home and Auto Insurance Company
Encompass Insurance Company of Massachusetts
Encompass Indemnity Company and
Encompass Insurance Company: Northbrook, IL

Availability from a particular company varies by state.



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ENCOMPASS

EASY PAY

PLAN

gives you

Y O U R

F R E E D O M

PAY AUTOMATICALLY

SAFE AND ON TIME*

NO CHECKS TO MAIL



11/05

HOW THE ENCOMPASS EASY PAY PLAN WORKS.

If you have a checking or savings account, you can use the Encompass Easy Pay Plan. Just complete the authorization form and send it with a voided check or savings account deposit slip. In the authorization form, choose which day of the month you want your payment to be withdrawn from your account. That's all there is to it!

Until you receive notification from us that the Encompass Easy Pay Plan has been activated, continue to pay any paper bills you receive. When your authorization form has been processed and the Encompass Easy Pay Plan has been activated, we'll send you a billing schedule detailing all withdrawal dates and amounts for the policy period. The billing schedule will advise you that the Encompass Easy Pay Plan is activated.

We will not send you further paper notification unless your monthly withdrawal amount changes by at least a dollar. Your withdrawal amount should not change within the policy period unless a change is made to your policy. For example, if you add a new driver or change cars, your premium will be recalculated which could change your withdrawal amount.

SAFE AND FLEXIBLE.

The Encompass Easy Pay Plan is an easy way to help make sure you never miss a payment,* even when you're out of town. Your bank statement will show you when a withdrawal was made and the exact amount deducted from your account.

The Encompass Easy Pay Plan is flexible too. You can choose different withdrawal dates for each of your Encompass policies and if you add more policies later, you can add them to the Encompass Easy Pay Plan too. You can stop your participation in the Encompass Easy Pay Plan whenever you wish simply by informing us in writing. (Please allow a reasonable length of time for processing.)

If you change financial institutions, contact your agent to complete a new authorization form and submit a voided check or savings account deposit slip from your new account. It's that simple!

ASK YOUR AGENT ABOUT THE ENCOMPASS EASY PAY PLAN.

Your agent knows that the Encompass Easy Pay Plan is a safe, fast and simple way to help make sure your insurance payments are made on time, every month, automatically.* If you have any questions about the Encompass Easy Pay Plan, just ask your agent.

SIGN UP FOR THE ENCOMPASS EASY PAY PLAN TODAY.

Give the Encompass Easy Pay Plan a try. It just takes a minute to apply. Simply complete the authorization form and include it, with a voided or canceled check or savings account deposit slip, in the envelope with your next payment. Or you can mail the authorization form and voided check or savings account deposit slip to:

Preferred Payment Center
Encompass Insurance Company
75 Executive Parkway
Hudson, OH 44237-0002

(Note: For your security when sending a blank check, write "VOID" across the center of the check and do not sign it.)

ENCOMPASS EASY PAY PLAN AUTHORIZATION FORM

This form authorizes Encompass and its affiliates to make monthly electronic withdrawals from your checking or savings account. You must complete all spaces and sign the form at the bottom. Be sure to enclose a voided check or savings account deposit slip with the completed form.

Insured's Name: _____

Daytime Telephone Number: _____

First Policy Number: _____

I want my payments to be made on the ____ (1st thru 28th) day of each month.

Second Policy Number: _____

I want my payments to be made on the ____ day of each month (1-28).

(If enrolling more than two policies, check here [] and enter the policy number[s] and payment dates on a separate sheet of paper.)

I have enclosed a (check one):

[] Voided Check [] Savings Account Deposit Slip

Please copy the following information from your voided check or savings account deposit slip:

Bank Routing Number: _____

Your Account Number: _____

Terms of Agreement

I authorize Encompass, its affiliates and the financial institution designated to deduct payments from my account through electronic funds transfer. I have an account(s) at the financial institution listed on the voided check, copy of a canceled check or savings account deposit slip and for all debit entries have funds sufficient to pay such entries. Electronic debit entries shall be initiated by Encompass to pay premiums and other charges and fees, including, if applicable, any fee charged after the policy's termination effective date, for or associated with the above listed policies or other policies as authorized and the entries shall constitute my receipt for the transaction(s). No payment to Encompass shall be deemed to have been made unless and until Encompass receives actual credit. I also understand that if corrections of the entry are necessary, it may involve an adjustment to my account. I understand that each electronic payment of the bill amount will be debited on or after the payment date selected above.

I authorize Encompass and its affiliates to begin deductions from my checking or savings account.

NOTE: Encompass and its affiliates reserve the right to refuse or terminate electronic payment services. This agreement will remain in effect until we terminate it or until we receive written notification from you requesting termination, allowing Encompass Insurance and the financial institution a reasonable amount of time to act upon the request.

Signature: _____ Date: _____

Signature: _____ Date: _____