

# MOUNTAIN WEST PREMIUM FINANCE

## FAX QUOTATION SHEET

PHONE 888-280-0235 FAX 619-697-0326

**Insured's Name**

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**Contact name**

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**Address**

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---

**Phone No.**

---

**Fax No.**

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**Tax ID or SSN**

---

**Agency Name**

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**Agent Phone/Fax No.**

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**Insurance Carrier**

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**General Agent**

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**Policy Number**

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**Type of Coverage**

---

**Effective Date**

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**Pure/Base Premium**

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**Taxes & Fees**

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**Minimum  
Earned Premium**

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Please complete and fax back to 619-697-0326 or e-mail to [janet@financepremium.com](mailto:janet@financepremium.com). Thank you!