

**L I FINANCIAL GROUP, LTD.  
4940 MERRICK ROAD #349  
MASSAPEQUA PK, N.Y. 11762-3803**

**TOTAL COST FORM**

IN CONSIDERATION OF PLACING INSURANCE COVERAGE FOR YOUR BUSINESS, AS DESCRIBED IN THE POLICY NUMBER APPEARING BELOW, I AGREE TO PAY TOTAL COST ABOVE, WHICH INCLUDES ALL PREMIUMS, CHARGES, OTHER EXPENSES AND/OR FEES\*\* FOR ADDITIONAL COMPENSATION, IN ADDITION TO COMMISSIONS RECEIVED.

I FURTHER UNDERSTAND AND AGREE THAT SUCH FEE AND/OR CHARGES, AND OTHER EXPENSES, ARE FULLY EARNED FROM THE INCEPTION DATE OF THE POLICY, REGARDLESS OF WHETHER SAID POLICY IS CANCELLED.

IN COMPLIANCE WITH THE PUBLIC LAW 91-508, THIS IS TO INFORM YOU THAT:

- 1) AN INVESTIGATION MAY BE MADE AS TO YOUR INSURABILITY, INCLUDING, IF APPLICABLE, INFORMATION AS TO CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING AND;
- 2) INFORMATION AS TO THE NATURE AND SCOPE OF ANY INVESTIGATION REQUESTED WILL BE FURNISHED TO YOU, UPON WRITTEN REQUEST MADE WITHIN A REASONABLE TIME AFTER YOU RECEIVE THIS NOTICE.
- 3) IT IS UNDERSTOOD THAT I WILL PAY A YEARLY FEE OF \$125.00 TO:  
L I FINANCIAL GROUP, LTD. FOR THE LIFE OF THIS POLICY ON EVERY ANNIVERSARY.

POLICY # \_\_\_\_\_ DATED: \_\_\_\_\_

COMPANY: \_\_\_\_\_

PREMIUM: \_\_\_\_\_ TAXES: \_\_\_\_\_ FEE: \$125.00

INCEPTION CHARGES & OTHER EXPENSES TOTAL: \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

INSURED'S SIGNATURE: \_\_\_\_\_