

E&O Complete Policy Payment Form

Fax to: 1.866.785.0459



Date (MM/DD/YYYY): _____

Lawyer/notary name: _____

Law firm/notary office name: _____

To purchase our E&O Complete policy, please provide your payment information below and fax this completed form to our finance department at 1.866.785.0459.

Cost: \$700 + applicable taxes per annum

If a purchase is made after January 1, you will receive an invoice for the pro-rated premium + applicable taxes.

For your convenience, your policy will renew automatically every year. Your payment information will be kept on file, unless you contact us to cancel your policy or remove your information.

Note: Prior to the expiration of your E&O Complete policy, you will receive advanced notice of your upcoming renewal with the option to opt-out of renewing your policy before your credit card is charged.

Credit Card

Amex Visa MasterCard

Credit card number: _____ Expiry date: _____

Name on credit card: _____

Signature: _____

Please note that your E&O Complete policy coverage will begin once payment has been received. If payment is not received within 30 days then your application will be void.

For any questions regarding your payment, or payment options, please contact our **Finance Department** at 1.800.307.0370 or email customeraccounts@fct.ca.

FCT's Privacy Commitment:

FCT is committed to protecting the privacy of your personal information. The information you provide us is kept confidential and we limit access to information in your file to FCT employees or persons authorized by FCT who require it to perform their duties, to persons whom you have granted access, and to persons authorized by law. For a copy of FCT's Privacy Policy, please refer to the privacy tab on our website at www.fct.ca

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