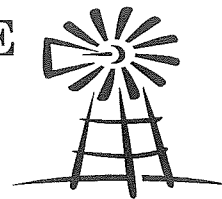


LINDSEY SPECIALTY INSURANCE

2520 Ovilla Rd Ste 100 Red Oak, TX 75154

Ph: 1- (800) 800-4467 Fax: 1- (877) 783-3144



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PLEASE FAX YOUR CHECK BACK TO
1-877-783-3144

Insured: _____ Ph# _____

DBA: _____

Check# _____ Amount \$ _____

DO NOT MAIL ORIGINAL TO LINDSEY SPECIALTY INSURANCE

CHECKS MUST BE PAYABLE TO:
LINDSEY SPECIALTY INSURANCE

PLEASE WRITE: "FAX CHECK" ON THE FACE OF THE
CHECK. KEEP THE ORIGINAL FOR YOUR RECORDS TO
AVOID DUPLICATE POSTING.

- 1) PLACE ORIGINAL CHECK HERE
- 2) PHOTOCOPY
- 3) FAX COPY TO 1-877-783-3144

I hereby authorize Lindsey Specialty Insurance, to use this fax copy of my
check as an actual check for payment on the above account. I am an
authorized signer on this account and I have signed below to certify this
transaction.

Signature of Authorized Signer on Checking Account

Date