

REQUEST TO BIND COVERAGE

Please fax this request to bind to STIG **before** the inception date. This form does not replace a completed application. Any alterations requested on a previously released quote must be approved by the underwriter.

Producer: _____

Agency: _____

Named Insured: _____

Effective Date: ____/____/____

Insurance Company: _____

Coverage Requested: _____

Premium: _____

Payment Plan Information:

See proposal to determine which options are available for your quote:

Agency Bill:

- Annual – pay in full. **FINANCED?** Yes No
 Other (specify) _____

Direct Bill:

- Annual – pay in full
 Other (specify) _____

For Lloyds of London / Other Surplus Lines Policies

Agent is responsible for filing any applicable surplus lines tax. We must provide the following information to the market:

Name on Surplus Lines License: _____

Surplus Lines License Number: _____

Filings

- No filings.
 Please process the following filings (If not applicable mark "N/A"):
Interstate Authority Base State: _____ MC#: _____
States Requiring a Form E: _____
Other: (States Requiring Oversize/Overweight Certificates, Canadian Provinces, etc):

Agent Signature: _____

Dated _____