



Policy Request Form

Named Insured: _____

Line of Business	Effective Date	If optional limits, values, or deductibles are desired, please indicate below.	Pricing
Property			
Crime			
Auto Liability			
General Liability			
Misc			
Total Premium			
Fees			
Total			

Are these policies premium financed? Yes No

If yes, what is the name of the Premium Finance Co.? _____

Premium Payment Options: (Note that if account is premium financed, installment options are not available for the policy).

Annual 35% down with 3 equal installments

Federal Identification Number of Insured: _____

Current Employer's Liability Information (Required if Binding an Umbrella Policy):

Carrier: _____ Policy Number: _____ Effective Date: _____

Employers Liability (Coverage B) Limits: \$	Bodily Injury by Accident
\$	Bodily Injury by Disease
\$	BI by Disease Policy Limit

Agency Name: _____ Producer Name: _____

CSR Name: _____

Date

Signature of Insured or Agent

This is not a binder nor should it be used as one. This form is solely for the purpose of ordering coverage for which McNeil and Company, Inc. has provided a valid quote.