

**Policy Request Form**

Named Insured: \_\_\_\_\_

| Line of Business           | Effective Date | If optional limits, values, or deductibles are desired, please indicate below | Pricing |
|----------------------------|----------------|---|---------|
| Property                   |                |   |         |
| Crime                      |                |   |         |
| General Liability          |                |   |         |
| Auto Liability             |                |   |         |
| Inland Marine              |                |   |         |
| Ocean Marine               |                |   |         |
| Excess Liability           |                |   |         |
| Accident Coverage (Guides) |                |   |         |
| Total Premium              |                |   |         |
| Fees                       |                |   |         |
|                            |                |   |         |
|                            |                |   |         |
|                            |                |   |         |
|                            |                |   |         |
|                            |                |   |         |
| Total                      |                |   |         |

Are these policies premium financed?  Yes  No

If yes, what is the name of the Premium Finance Company? \_\_\_\_\_

Premium Payment Options – Available on Package, Auto, and Inland Marine Policies only: (Note that if account is premium financed, installment options are not available for the policy.) **Minimum Account Premium for Payment Option: \$2,500\***

Annual  Semi-Annual  35% Down and 3 Equal Installments  25% Down and 9 Equal Installments

Federal Identification Number of Insured: \_\_\_\_\_

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

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Employer's Liability (Coverage B) Limits: \$ \_\_\_\_\_ Bodily Injury by Accident  
 \$ \_\_\_\_\_ Bodily Injury by Disease  
 \$ \_\_\_\_\_ Bodily Injury by Disease Policy Limit

Agency Name: \_\_\_\_\_ Producer Name: \_\_\_\_\_

CSR Name: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Insured Agent

\*Minimum Account Premium for Payment Option does not apply in Florida.

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 quote.