

Policy Request Form

Named Insured: _____

Line of Business	Effective Date	If optional limits, values, or deductibles are desired, please indicate below	Pricing
General Liability			
Property			
Professional Liability			
Auto Liability			
Inland Marine			
Crime/Fidelity			
Excess Liability			
Blanket Accident			
Directors & Officers Liability			
Employment Practices Liability			
Miscellaneous			
		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:

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.