



BY  McNeil & Co.

Policy Request Form

Named Insured: _____

Line of Business	Effective Date	If optional limits, values, or deductibles are desired, please indicate below	Pricing
Accident & Sickness			
Miscellaneous			
Total Premium			

Are these policies premium financed? Yes No

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

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

Annual Semi-Annual Quarterly

Federal Identification Number of Insured: _____

Agency Name: _____ Producer Name: _____

CSR Name: _____

Date

Signature of Insured 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 quote.