



## Policy Request Form

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

Line of Business	Effective Date	If optional limits, values, or deductibles are desired, please indicate below	Pricing
Property			
Crime/Fidelity			
General Liability			
Business Auto			
Inland Marine			
Umbrella			
Group Term			
Accident and Sickness			
Netsafe Cyber Liability			
Misc			
Misc			
		<b>Total Premium</b>	
Fees			
		<b>Total</b>	

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.) **Minimum Account Premium for Payment Option: \$2,500\***

Annual       Semi-Annual       Quarterly

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.**