

**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     |                |   |               |
|                   |                |   |               |
| Misc              |                |   |               |
| Misc              |                |   |               |
| Misc              |                |   |               |
|                   |                |   | 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 – (Note that if account is premium financed, installment options are not available for the policy.) **Minimum Account Premium for Installment Options: \$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.