



Policy Request Form

Named Insured: _____

Line of Business	Effective Date	If optional limits, values, or deductibles are desired, please indicate below	Pricing
Property			
Crime			
Auto Liability			
General Liability			
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 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.