



Policy Request Form

Named Insured: _____

Table with 4 columns: Line of Business, Effective Date, If optional limits, values, or deductibles are desired, please indicate below, Pricing. Rows include Property, Crime, General Liability, Auto Liability, Inland Marine, Misc, Fees, and 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 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.