Policy Request Form

Named Insured: Williamson County Fire Marshal Special Operations

Line of Business	Effective Date	If optional limits, values, or deductibles are desired, please indicate below	Pricing
Property			
Crime/Fidelity			
General Liability	1/27/2019		Incl.
Business Auto			
Inland Marine	1/27/2019		Incl.
Umbrella			
Group Term			
Accident and Sickness			
Netsafe Cyber Liability			
Misc			
Misc			
		Total Premium	$3,518.00
	Fees		
		Total	$3,518.00

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: Extraco Banks dba Extraco Insurance 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.

Remittance Address: PO Box 292, Canajoharie. NY 13317